GUY'S
HOSPITAL
GAZETTE

NEW SERIES
VOL. 73

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1959

Guy's Hospital Gazette.

Guy's Hospital Gazette.

GUY'S HOSPITAL GAZETTE

VOL. LXXIII

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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1838 *3rd January* 1959 *One Shilling*

PASSIM

THE last moments of 1958 are devoted in the *Gazette* office to the final correction of page proofs for this issue. It will find its way swiftly to the medical and nursing staffs and to the clinical students; it will wait in the library for the tardy preclinicals, and will later reach Guy's men and women in every corner of Britain and most parts of the western world. To all who read the *Gazette*, near and far, whether the year is two weeks or only two days old, we offer our good wishes from St. Thomas's Street, for a very happy and successful New Year.

On 22nd January the Students' Club will hold an extraordinary general meeting to consider the constitution which has been drawn up for the proposed amalgamation of the Students' Club with the Students' Union. This is published in this issue together with a notice giving details of the meeting. It is fair to assume that a great many of the senior students and most of their elders will regard the projected amalgamation more or less as playing with words, an unobjectionable pastime for those who enjoy organizing unions, committees, and sub-committees. This attitude can lead to sudden changes of procedure in the best of parliaments, when adequate forethought and consideration are not brought to bear. It may or may not be an excellent thing that the Students' Club should be amalgamated with the Students' Union. In any case, we urge all concerned to think about it and to attend the meeting at which the scheme will be discussed. The members most easily forgiven for taking no interest in the matter are the clinical medical students who have final examinations, busy firms, and other commitments in the Hospital's life to occupy them. Nevertheless it is they who have most experience of Guy's and, therefore, they whose opinions are most worth having. Moreover, they will be most affected by any change for better or worse in the administration of the Students' Club premises, since they are here on six or seven days a week for forty-eight weeks of the year. It needs to be considered whether the present compact organization of the Students' Club will be improved upon by the proposed administration set out *in extenso* elsewhere in this issue. There is a danger that the urge to achieve unity may produce an organization which will be unwieldy or even unworkable. The suggestion that student representation is often haphazard, and perhaps weighted towards junior students, is usually met by the reply that clinical medicals have not bothered either to vote or to stand for election. Again, we urge clinical students to lend their older and, we hope, wiser heads to the discussion this month. It is an excellent

suggestion that ballot boxes for elections should be available in the College, for instance, as well as in the Medical School, where elections have been for many clinical students both inconvenient and difficult to be aware of. It should not be forgotten, however, that in the case of the Students' Club, the ballot system with its merits and demerits will replace a simpler system (election of the committee by show of hands at the Annual General Meeting) which has served it well, and will be discarded with reluctance for the more ponderous methods of the Students' Union. The chief plea we make is based on the sporadic complaint that student politics have been conducted too vigorously, with too little restraint and little practical experience of Guy's, which is a teaching hospital and not merely a medical school working University terms. Let this amalgamation be thoroughly considered and carefully discussed by senior and junior students, lest it be accepted incautiously as an administrative change, supposedly of no practical importance.

We publish on page 8 a letter from the Chaplain, thanking those who gave so much of their time to the making of Christmas music in the Hospital. We should like to second his vote of thanks.

The plight of the practitioner in the rural area which must have a doctor but has a small available population for his list, was given some slight recognition when the recent interim increase of 4 per cent. in doctors' remuneration was allotted. The increase in "loading" payments for patients from the fifth hundred to the fifteenth hundred is of little practical help; it shows awareness of the problem, but must not be allowed to serve as an excuse to shelve it.

Dr. R. C. MacKeith has drawn our attention to a scheme of Anglo-French exchange bursaries. The Ciba Foundation will award grants of 60,000 francs monthly for periods of two to four months, to those who wish to obtain clinical experience or carry out research in France. The applications close at the end of this month, and are obtainable from the Director of the Ciba Foundation at 41, Portland Place.

It is pleasant to pass on an invitation from Dr. J. M. Holden, Medical Officer of Health in Greymouth, New Zealand. Any Guy's men visiting the area (on the West coast of the South Island), will be made most welcome, while any visitor to New Zealand need only contact Dr. Holden, to be given any help or advice they need.

Three members of the cast of "Emergency-Ward 10" visited the Haematology Department recently to donate blood for the Blood Transfusion Service. The *Nursing Times* recorded the occasion pictorially, a welcome gesture of publicity for a service whose importance is immeasurable. The anonymity of its thousands of unselfish donors may sometimes lead us to take the service far too much for granted.

GUY'S DIARY

JANUARY			Exhibition. Department of Surgery. *Fractures of the Upper Limb.*
5th	M	1.00	Mr. J. S. Batchelor. Clinical Lecture. *Juvenile Osteochondritis.*
8th	Th	1.00	Mr. S. H. Wass. Clinical Lecture. *The Principles of Treatment of Fractures.*
9th	F	1.00	Professor W. J. H. Butterfield. Clinical Lecture. *Current Diabetic Research at Guy's.*
10th	S	10.00	Mr. H. Kinder. Departmental Round. Clinical Theatre.
			Rugby. 1st XV v. Plymouth Albion. (H.O.P.)
12th	M	1.00	Dr. Charles Baker. Clinical Lecture. *The Significance of Extra Systoles.*
13th	T	1.00	Professor W. R. Spurrell. Clinical Lecture. *The Assessment of Respiratory Function.*
15th	Th	1.00	Mr. F. N. Glover. Clinical Lecture. *Varicose Veins II.*
16th	F	1.00	Dr. K. S. MacLean. Clinical Lecture.
17th	S		Rugby. 1st XV v. Old Alleynians. (H.O.P.)

NOTICE

STUDENTS' CLUB

An Extraordinary General Meeting of the Students' Club will be held on Thursday, 22nd January, at 12.30 p.m., in the Students' Club, to receive the suggested scheme for amalgamation of the Club with the Students' Union.

J. D. WILLIAMS,
Hon. Secretary, Students' Club.

OBITUARY

EDGAR MASTERS

Edgar Masters died at St. Bartholomew's Hospital, on 7th November, 1958, at the age of thirty. From the beginning of his career he recognised that his metier lay in general practice and it was towards this end that he set out to train and equip himself; he was strongly determined to be a good general practitioner.

He qualified with the London M.B. and the Conjoint Diplomas in 1951, and after holding the assistant house surgeon and the children's house physician appointments at Guy's, he spent the two years of his National Service in the Royal Air Force. He then completed his hospital training in general medicine and obstetrics; he obtained both the D.C.H. and D.R.C.O.G., and following varied experience in general practice assistantships he went into partnership at Worthing.

Here he settled down to practice good medicine with considerable success; his house and surgery had just been built, and his practice was rapidly enlarging when his final illness overtook him. In the short time that was available to him, he achieved much, while at the same time becoming greatly liked and respected for the fine example he showed. He was honest and most particular in all he did; his facility for coming to grips with any problem and providing simple reliable advice was well known. It was indeed tragic that all was cut short so soon. To his wife and two young sons we extend our greatest sympathy.

E.P.W.T.

CHRISTMAS AT GUY'S

Once again Christmas has come and gone, leaving us all a little dazed by the intensive preparations and the continuous festivities which surrounded the great day. The general excitement which started a week before Christmas with the arrival of Christmas trees on the Colonnade steps, and of paint, paper and personnel in the wards, was put in the true context of the feast of the Nativity, when the Service of Nine Lessons and Carols was held in the Hospital Chapel on 18th December.

After a weekend of hard thought, Monday and Tuesday of Christmas week saw the wards and departments decorated with vast speed and great ingenuity, after which the dressers and nurses gratefully disposed of the teas provided by ward sisters. Tuesday, 23rd December, saw the annual Landon Fund Tea Party in Outpatients, where Sister Chrimes entertained some scores of our younger outpatients, helped by Mr. Dennis Yetman's songs, Mr. Colin Bullock's Punch and Judy show, and Mr. Richard Huddy's sword dance. Tea was followed by a Western film, and Father Christmas distributed gifts to the departing guests, having previously arrived on a mechanical excavator which was generously filled with toys during its passage through the West End from Greenland.

Christmas Eve saw the early part of the great sight-seeing trek to inspect the decorations, and the day ended with the Midnight Service in the Chapel.

CHRISTMAS DAY

Many of those who had seen the day begin at Midnight rose cheerfully at 5.45 a.m. to waken the sleeping hospital with carols. Sisters Bennett and Russell led one red-cloaked group to Guy's House and York Clinic, while Sisters Crump and Harland led the other to Hunt's House and Nuffield House (both groups were stiffened with a backbone of male voices by the residents and students). The day and night nurses arranged things so that they all were able to see the wards, have dinner, and still fit in a modicum of sleep. Christmas dinner and its pleasant sleepiness led to the Christmas show at 5 p.m.; while the sisters and nurses were able to relax after a hard day attending to the enjoyment of others, when they held bone picking parties in the evening.

We were delighted to welcome no less than four Christmas babies, led by Miss Alice McDowell, who joined in the Christmas cheer in *Victoria* at 8.15 a.m.

A TOUR OF THE WARDS

The thought and effort expended on decorating the wards with themes and variations which can only last for two or three days is evidence of the affection felt for this traditional way of marking Christmas. Very little recourse was made to outside help, yet a most attractive and intricate series of tableaux and "working models" replaced the usual ward interiors.

Main Theatres set the tone in Guy's House, with a charming lifesize crib in a Bethlehem landscape. *Patience* and *Samaritan* admonished us through a guardian ghost to "abandon hope—except patients", on entering the Witches' Cavern, where a fearsome dame indeed struck awe into the unprepared stroller, with her chilling stare from beneath a black hat. The crib was most attractive. In *Job*, entered by a studded, padded, massive castle door, we met the Kings of England and of other realms out of this world, bowing gravely from the bed heads. King Henry IV Part II was out when we called. Trying a hospitable door where *Christopher* is usually found, we arrived in the well-stocked "Winchester Arms", where a pint of beer for every beer-mat on display would have been enough to float a battleship. We retired to look for one, and entered H.M.S. *Luke* at the sharp end; the bridge telegraph showed "Sunk" but the navigation lights were still burning and the radar mast turning, so we left the crew in the galley with the ship safely on course, and went over the side and down to the Silent World in *Queen*, where we were well and truly on the bottom, with a fellow diver in one of the beds, on hourly air-pressures. The sunken galleon with plank set on the poop ("one way only") and spilled doubloons (Alfonso III, 1592), was most attractively realistic, and *Queen* was one of the most impressive wards in having conceived a pleasant notion and excellently carried it out. Also very good was *Astley Cooper's* Regent Street, crowned by a splendid golden Eros against a back-

Christmas dinner in Sarah Swift

Patience and Samaritan

cloth of Piccadilly Circus. The gentle cascade below Eros led to a surprising number of flat assertions that there was no fountain or cascade in Piccadilly Circus. There is in fact a triple cascade. Stepping smartly along, perhaps, the Strand, we arrived at Drury Lane to find *Lydia* presenting "My Fair Lady". A greetings telegram from Miss Julie Andrews was fixed to an excellent and very reminiscent arcade of pillars, after Cecil Beaton's "Covent Garden" set. A barrow and an elegant Ascot couple watching an athletic jockey fostered the illusion. *Dorcas* had decided that general Christmas decoration centred round the Crib would be their theme, and the serene charm of their décor was reward enough. *Sarah Swift* had again a fantastic scene to greet the visitor. A pink elephant flapped his ears and trunk to demand his next bottle of intravenous Balatoni Riesling, and a giant bottle endlessly poured champagne into a silver cup to quench a thousand thirsts.

In the medical wards *Ruth* presented the Inn of the Seventh Happiness. Coolies glanced from the bed lights at a splendid bird of paradise; charming paintings looked down on a passing sedan chair. Chinese banners wished us "Year New Happy a and Christmas Merry A", until we read them correctly from right to left. In *Barnabas*, we were on the high seas with a crew of Jolly Rogers, pleased as Punch with their previously functional eye-patches. We climbed the mast to the first floor. *Addison* had a truly lovely crib facing down the ward to the door. while round the corner they were nursing a large, friendly reindeer with Vitamin Hay deficiency. *Victoria* presented a pleasant Regent Street walk through Division I, while the Carols of Division II shared the limelight with a topical satellite rocket—1st stage U.S.S.R., 2nd stage U.S.A., 3rd stage GIB. *Wilks* was an island paradise in the South Pacific, with a lagoon beneath tall fronded palms. *Bright* was agreeably disguised as Disneyland. On the door of *Mary*, Giles of the *Daily Express* had contributed a special cartoon, while his characters lived again in profusion inside the ward.

Miriam and *John* settled for Christmas as their theme, and produced a novel and very successful touch by using silhouettes as wall decorations. *Caleb* and *Diplock* were Snowland; on Christmas Day, Father Christmas really came down the chimney in the centre, then fetched his toys in the sleigh which waited at the door. Two children gazed at the gently lit crib in *Diplock* with intense delight. Upstairs, a bearded Cap'n Gull looked from the amended portrait on the wall, while both port and starboard sides of H.M.S. *Gull* were dressed overall in cheerful manner.

Nuffield A floor was entirely in tradition with Santa Claus, chimney and crib, while B floor was "madly gay" in Quare Street, with public house and tube station in a Chelsea-like row of shops. On C floor, the landscapes painted on the windows were most effective. D floor was in the Orient, with enigmatic pigtailed heads where the lights had been. *Theatres* presented the Twelve Days of Christmas in very good murals.

York Clinic had Van Gogh on their 1st floor houseboat, sitting at an easel painting a field of wheat, his hammock looking both recently used and decidedly comfortable. On the second floor Spanish champagne was attractively set in context, while the third floor was again oriental, offering a diet of cho fung ginger The fourth floor was a vivid Parisian scene, Sister occupying the British Embassy with the Sacré-Coeur basilica *en face*.

NEW CROSS

At New Cross the orthopædic and E.N.T. wards and theatres had a definite Guy's atmosphere, the decorations being well up to standard. Only four wards were active, *Trethowan* (3A) being a record shop and *Fagge* (3B) a silver scene of Christmas bells. *Arbuthnot Lane* (5A) had a crib and a fine sleigh, with candles galore. *Queen Elizabeth* (4B) was an extravaganza of green and yellow, in a vista of arches and arcades. In *Theatres* the Ghost train led disconcertingly to a macabre tableau where the theatre staff thoughtfully dismembered one another.

THE EVELINA HOSPITAL

Father Christmas met the outpatients at a party on Monday, 22nd December, and the inpatients with the consultants and their families at a party on Boxing Day. Two husky Christmas fairies from the Doctors' Sitting-room attended him. *Charlotte* ward had ten little nigger boys in occupation, *Rothschild* entertained the Seven Dwarfs, *Evelina* the Forty Thieves and Ali Baba. In the Surgical Wards (*Annie Zunz*) the Wind in the Willows was the theme, the Southwark Fire Brigade having equipped Toad with a sturdy Motor Car.

SNAPSHOTS

Addison . . .

. . . the Landon Party
(Sister Chrimes, Sister Goodman, and Father Christmas)

Three little maids in the Christmas show . .
(Alan Cooper, Graham Bury, John Eustace)

. . Nurses' song (led by Matron Denis Smith supported by John Eustace, Graham Bury, Janet Jones and Liss Smith)

THE CHRISTMAS SHOW

The loss of Malcolm Tuddenham, Robin Gain, Tim Cullina and Peter Drury and others in the swift year since last Christmas made one apprehensive that the staging of a good Christmas show this year was too much to hope for. It was very good to be resoundingly proved wrong by the cheerful and skilful entertainment provided in Outpatients Hall on Christmas and Boxing Days. The music and words of the opening and closing choruses and two songs were written by Mr. Tony Bron, who will now be invaluable as a writer of witty and cheerful songs for future occasions. The lilt of the Cullinan-Drury Nurses' song reminded one that while catchy songs are excellent, the touch of musicality and infectious gaiety which they infused into their songs is rare and may not be heard again until a fallow year or two have passed. The music sets the pace of the show—so does the compère. Mr. Dennis Yetman again carried the audience willingly through a relaxed continuity of patter and sleight of hand, and kept the swing in the show. Mr. Sidney Harland played the guitar expertly and sang in a pleasing voice, though the words were occasionally unpleasing in the context of the very mixed audience. Miss Avril Chopping did not sustain for long enough the notes of Léhar's songs from the Merry Widow, but charmed both eye and ear. The usual miming to records was brilliantly done by Messrs. Alan Cooper, Graham Bury and John Eustace, the latter in an insanely big bowler hat when "Lollipop" came treacling out at half-speed with the singers' voices in their boots. Mr. Peter Banks was a convincing rustic in his familiar bucolic anecdotes, while he interviewed Mr. Mike Woodman for television in several well-done military rôles which were, however, lengthy for the occasion. Mr. Woodman was at his best in his solo sketch "Little Bo-Peep". Mr. Dick Spurrell's piano continuo was admirably unobtrusive; Mr. David Reynolds at the drums had a brief moment of undisputed glory during a very good evening punctuating and giving tempi to the ensembles. The chorus sang excellently and danced noticeably. Mr. Bron had moments of genius in a rather derivative solo comedy act, as when he became a cuckoo clock with the help of a guitar and a swinging tape measure, and when he first appeared in an inverted polythene bag, spending several surrealistic moments posing significantly inside it before emerging to inform us that it had stopped raining. Mr. Richard Huddy and Mr. Bron had captured the atmosphere of the dress-show to perfection—the mac-towel made a "gorgeously comfy" stole. The ladies of the chorus, Liss Smith, Lill Fennel, Helen McLean, Janet Jones, Jackie Decocq-Conti and Avril Chopping, were beyond praise. The stage hands and many others too numerous to mention, performed perfectly; to them, to the anonymous producer and to all the cast, our thanks for a very enjoyable evening.

(*All photos are by M. S. Wirk.*)

CORRESPONDENCE

Letter to the Editor of the Gazette

Christmas

From the Chaplain

SIR,—May I crave the courtesy of your columns to acknowledge the tremendous help which has been given to us in our arrangements for the Christmas celebrations in the Hospital by a group of nurses and students, who have provided the musical background to so many of our activities. The nurses and students who have practised and sung Carols for nearly a month for the Recital of Christmas Music in the Chapel; the Students' Carol Service; the Service of the Nine Lessons; the Carols before the Mid-night Service on Christmas Eve, and the valiant group of nurses who added grace and colour to the Cathedral Evensong on the Feast of the Holy Innocents. And then there were the nurses and students who sang in the Wards on Christmas Eve and Christmas Morning, and of course, the Southwark Cathedral Choir who carolled so beautifully in every ward on the Tuesday before Christmas.

It would be difficult to imagine Christmas without Carols, and these good people leave us very much in their debt.

Yours etc.,

Guy's Hospital, S.E.1. KENNETH CHILD.

THE STUDENTS' CLUB

(Proposed Constitution)

Established 1882. Re-formed in 1959 by amalgamation of the existing Students' Club and the Students' Union (Established in 1941).

The Students' Club has its rooms in the Residential College situated at the East Gate of the Hospital, and in premises, with a frontage on Newcomen Street, which are situated behind the southern end of the Park, and are entered from the Medical School building.

In the Residential College the Club rooms consist of a Dining Hall, a Cafeteria and Lounge, and Common Rooms. In the Newcomen Street premises they comprise two Common Rooms, a Table-tennis Room, a Music Room, a room for Quiet Games in which occasional Dances are held, a Billiards Room, a Committee Room and a Bar/Lounge.

RULES

A. **Membership and Affiliation.**

1. The Students' Club shall be a constituent institution of the Guy's Hospital Clubs' Union.
2. All members of the Clubs' Union shall be members of the Students' Club.

B. **Organisation.**

1. The Club shall be managed by a General Council whose functions shall be :—
   (a) to administer the premises of the Students' Club.
   (b) to encourage and promote cultural and social activities,
   (c) to promote such other activities as the Council of the Club shall deem appropriate,
   (d) to administer the Book Exchange.
2. There shall also be a Student Representative Council consisting of the student members of the General Council as defined in Section 3 below. The function of the Students' Representative Council shall be to represent the opinions of medical and dental students both inside and outside the hospital.
3. The General Council shall comprise :—
   (i) Six trustees to be nominated annually by the Medical School Council, and two representatives of the Junior Staff, from whom shall be elected :—
      (a) a President,
      (b) a Senior Secretary,
      (c) a Senior Treasurer.
   (ii) The President of the Residents, or his nominated deputy.
   (iii) Student representatives as follows :—
      (a) a Chairman,
      (b) a Junior Secretary,
      (c) a Junior Treasurer,
      (d) Twenty representative members as follows :—
         (i) Seven Clinical Medical Students,
         (ii) Three Clinical Dental Students,
         (iii) Two Dental Students on Prosthetics Laboratory appointment.
         (iv) Two Third Year Medical Students,
         (v) Two Second Year Medical Students,
         (vi) One Second Year Dental Student,
         (vii) Two First Year Students,
         (viii) One Student resident in a hostel of Guy's Hospital.
4. The General Council shall elect from among themselves :—
   (i) A Deputy Chairman.
   (ii) Two representatives to the Clubs' Union Council.

(iii) Three members to be officers of the Book Exchange.
(iv) The Entertainments Sub-Committee. This shall comprise :—
  (a) A Chairman of the Sub-Committee.
  (b) A Social Secretary.
  (c) Three other members.
(v) The British Medical Students' Association Sub-Committee.

This shall consist of four student representatives at least one of whom shall be in the clinical period.

(vi) The House Committee. This shall comprise :—
  (a) The President of the Club.
  (b) The Deputy Chairman.
  (c) The Senior Secretary.
  (d) The Junior Secretary.
  (e) Five other members, of whom one shall be a Junior Staff representative.

C. The Election of the Council.

1. The President, Senior Secretary, and Senior Treasurer shall be elected at the Annual General Meeting from among the Trustees.
2. The Chairman, Junior Secretary, Junior Treasurer, and representative members shall be elected annually by ballot in the first six weeks of the Autumn Term.
3. Twenty-one days public notice shall be given by the Junior Secretary at which time he shall invite nominations.
4. Nominations must bear the name of the Candidate, the names of his Proposer and Seconder, and the written consent of the Candidate for his nomination. This written consent implies willingness to take part in the work of the Council, and to discharge the duties of such Offices as they may award him. Nominations shall close fourteen days after public notice of the Election.
5. Not less than four days before the day of the Election the Junior Secretary shall publish the names of the Candidates. With the names of the Candidates for Chairman, Junior Secretary and Junior Treasurer he shall publish such relevant facts about them as may be supplied by their Proposers.

D. Eligibility and Voting Powers.

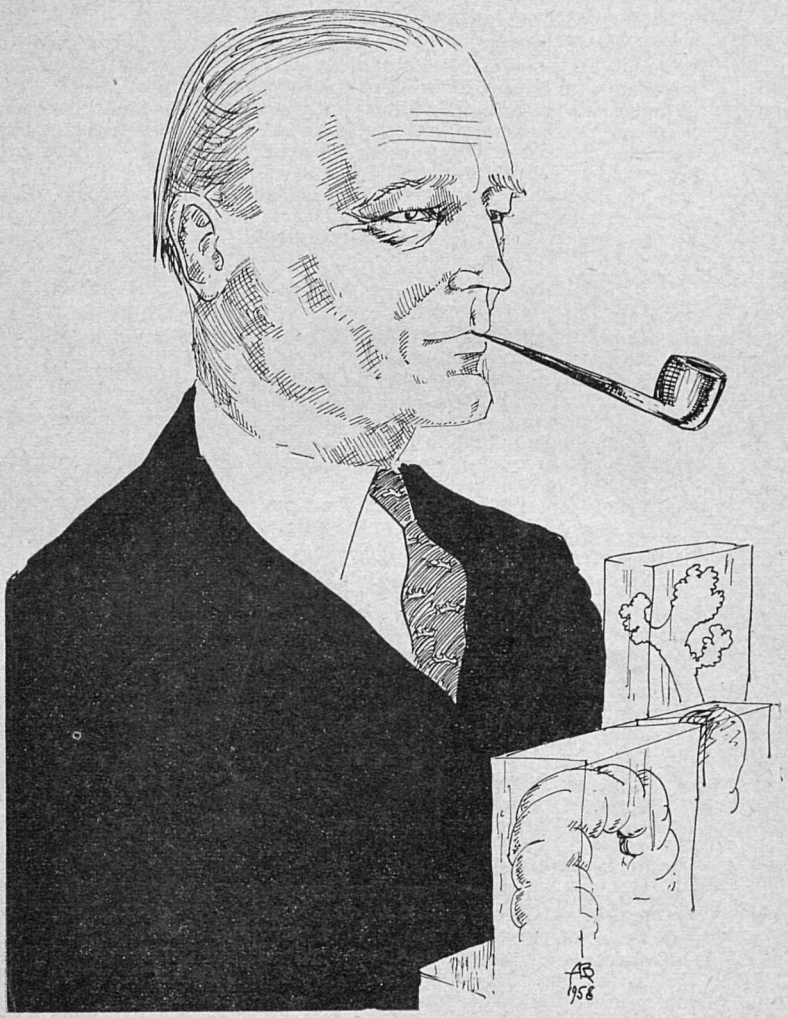
1. For the Offices of Chairman, Junior Secretary and Junior Treasurer :—
   (a) Any student may be a candidate or may propose or second a candidate.
   (b) All members may vote.
2. For the representatives of Clinical Medical, Clinical Dental, Prosthetics, Pre-Clinical Medical and Dental and First year Students :—

   Candidates for each representative place, and their Proposers and Seconders must be from the group to be represented. Members may vote only for the election of their own representative.
3. For the Hostel representative :—

   The Candidates, Proposers and Seconders must reside in a Guy's Hostel. Only students resident in a Guy's Hostel may vote. They may vote for this representative in addition to voting for the representative of their year or group.

E. Conduct of the Elections.

1. The retiring General Council shall be responsible for conducting the Elections.
2. Ballot boxes and Papers shall be available in both the Medical and Dental Schools, the College and other suitable places for at least six hours on the day of the Election, which must be a normal full working day.



Impressions of Lecturers—XII. Mr. H. J. B. Atkins

3. The General Council shall invite one or more Trustees of the Club to observe the counting and checking of votes; or, with their permission, may invite a member of the administrative staff to do so.
4. The declaration of the results of the Elections shall bear the signatures of a retiring student Officer and that of a Trustee or his nominee.

F. **Extraordinary Change of General Council Members.**

1. The Council must order the re-election of Chairman, Junior Secretary, or Junior Treasurer on receipt of a request signed by at least seventy-five members or following a two-thirds majority vote of the Council.
2. A request signed by at least twenty members may be made to the Junior Secretary, informing him that they require the re-election of one or more members of the Council by whom they are represented. A re-election must then be ordered by the Council.
3. Any representative Council member who fails, without adequate written excuse in advance, to attend three Council meetings, may be dismissed by the Council, and a fresh election ordered.

G. **Duties of Officers.**

1. The Trustees.
   (a) The Trustees shall have the final decision about undertaking any major financial commitments in respect of the premises of the Club.
   (b) They shall inform the General Council of their decisions or opinions in person; or, if they cannot be present, in writing.
   (c) They may suspend or expel a member of the Club for misconduct as laid down in Section L.
   (d) They may request a meeting of either of the Councils, or a General Meeting of the Club.
   (e) They may fulfil such other functions of Trustees as they deem necessary and appropriate in the interests of the Club.
2. The President.
   (a) The President shall take the chair at the Annual General Meeting, at any meeting called at the request of the Trustees, and on other occasions at the request of the General Council.
   (b) He shall be Chairman of the House Committee.
3. The Senior Secretary.
   (a) He may undertake business on behalf of the Club which relates to major policy.
   (b) He shall receive the Agenda of all proposed meetings in advance from the Junior Secretary, and may request the inclusion of other items.
   (c) He shall be Secretary of the House Committee.
4. The Senior Treasurer.
   (a) He shall exercise an over-riding control over the finances of the Club, and must approve all the account books at least once every year.
   (b) He shall present to the Annual General Meeting a statement of accounts relating to the Grant received from the Clubs' Union and to the Bar. He shall also present a statement relating to moneys received from other sources.
5. The Chairman.
   (a) The Chairman shall take the chair at all meetings of the Club and Councils except as laid down in para. 2.
   (b) He shall be the principal representative of the Students' Representative Council both inside and outside the Hospital, and shall attend the U.L.U. Presidents' Council.
   (c) He shall be ex-officio a member of the Club's Sub-Committees, but shall not be obliged to attend unless requested.
6. The Deputy Chairman.
   (a) The Deputy Chairman shall take the chair when the Chairman cannot be present.

(b) He shall be a member of the House Committee.
(c) He shall report to the Council on the work of the House Committee.

7. The Junior Secretary.
   (a) The Junior Secretary shall be the principal administrative officer of the Club. He shall undertake the correspondence of the Club in consultation with the Senior Secretary when necessary.
   (b) He shall be secretary of the Students' Representative Council and shall undertake correspondence on behalf of this body, written on its own headed notepaper.
   (c) He shall prepare the Agenda for all proposed meetings of the Club or Councils, and forward them to the Senior Secretary for comment and addition. He must send the Agenda of all Council meetings to all members of the General Council seven days beforehand. He must lay before that Council any communications from Trustees.
   (d) He shall be a member of the House Committee.
   (e) He shall keep minutes of Council and Club meetings. The minutes of the General Council and Students' Representative Council shall be kept separately.

8. The Junior Treasurer.
   (a) The Junior Treasurer shall administer the finances relating to matters dealt with by the Students' Representative Council.
   (b) He shall act in liaison with the Senior Treasurer to whom he must send the Account Books at least once a year.
   (c) He shall present to the Annual General Meeting a statement of accounts relating to the income and expenditure of the Students' Representative Council. This statement shall include the Book Exchange account.

H. **The Councils and Sub-Committees.**

1. The General Council and the Students' Representative Council.
   (a) The Councils shall meet at least once each month in term, and at other times at the request of the Trustees, or of any five members.
   (b) The Chairman shall take the chair, except when a General Council meeting is called at the request of the Trustee when the President shall do so.
   (c) Twelve members shall form a quorum.
   (d) Decision shall be by simple majority.
   (e) Student Representative members, if they are unavoidably unable to attend, must inform the Junior Secretary in writing. A member of the same year and group may then attend in their place. Such a deputy shall have no vote. Persistent failure of such a representative to attend may lead to his dismissal by the General Council as laid down in Section F, para. 3.

2. Entertainments Sub-Committee.

   The composition of the Sub-Committee is as described in Section B, 4 (iv). It shall be responsible for social and cultural activities decided on by the Council.

3. The House Committee.

   The composition of the House Committee is as described in Section B, 4, (vi). It shall meet under the Chairmanship of the President; and shall be responsible for the day to day running of the premises, including the booking of rooms and routine maintenance. It shall appoint:—

   (a) two of its members to serve as Student representatives on the College Catering Company.
   (b) two of its members to form a wine sub-committee, which shall be responsible for the Bar.

   It shall make recommendations to the General Council about the order of newspapers and journals to be taken by the Club.
   It shall be the duty of the Deputy Chairman to report to the General Council on the work of the House Committee.

I. **General Meetings.**

1. The retiring Junior Secretary shall convene the Annual General Meeting in the week immediately following the Elections in the Autumn term. At least fourteen days public notice must be given.
2. Members may submit to the Junior Secretary any matter for discussion at the Annual General Meeting not less than three days beforehand. Matters not so notified may be discussed at the discretion of the President.
3. Other General meetings of members shall be convened by the Junior Secretary on :—
   (a) the request of the Trustees.
   (b) the recommendation of the General Council.
   (c) a request signed by not less than forty members. Fourteen days public notice shall be given before any General Meeting.
4. The chair at the Annual General Meeting, and at a General meeting requested by the Trustees, shall be taken by the President. At other General meetings it will be taken by the Chairman.

J. **The Book Exchange.**

The Book Exchange shall be administered by the three Council members elected to be its Officers. They shall be responsible for its finances in co-operation with the Junior Treasurer, who must send the accounts to the Senior Treasurer at least once a year. A statement of the accounts shall be presented by the Junior Treasurer at the Annual General Meeting.

K. **"Pulse".**

1. The Students' Representative Council shall guarantee losses up to a sum of £30 per annum incurred in the production of an independent student newspaper "Pulse", provided that the following conditions are fulfilled :
   (i) The editors shall take full responsibility for all material published.
   (ii) Before publication they shall submit each issue to a censor with legal knowledge, and they shall insure against libel claims.
   (iii) Each issue shall be examined for misrepresentation of the Students' Club by a liaison officer who shall be a student member of the General Council.
   (iv) The editors of the newspaper shall be elected at the Annual General Meeting of the Club at which the editor for the previous year shall present a report and the accounts of the newspaper.
   (v) An editor shall attend meetings of the Councils of the Club as an observer.
   (vi) The Students' Representative Council reserves the right to withdraw financial support.

L. **Suspension and expulsion of Members.**

1. The Trustees may suspend or expel any member of the Club who in their opinion is guilty of misconduct. They may act with or without the prior recommendation of the Council.
2. The offending member may, within seven days of notification of his suspension or expulsion, give notice of appeal to a General meeting, which shall be convened forthwith at the request of the Trustees.
3. A Member suspended or expelled for misconduct shall on no account be introduced as a visitor.

M. **Amendments to the Constitution.**

1. A proposal to change the Rules or Bye-Laws of the Club must be submitted to both the Senior and Junior Secretaries in writing at least twenty-eight days before the Annual General Meeting.
2. Fourteen days notice of the proposed amendment shall then be publicly given to members of the Club.
3. The amendment shall be carried by a simple majority at the Annual General Meeting.

CORRESPONDENCE

Letters to the Editor of the Gazette

The New Surgical Wards

SIR,—Past and present Guy's men will have read with interest the list of ward names for New Guy's House.

The name of Astley Cooper is rightly retained. But I would like to submit that there is another Guy's surgical giant whose fame ought to be perpetuated in the naming of a ward after him. I refer, of course, to Arbuthnot Lane.

I believe most Guy's men will echo my plea to the Governors that one of the old names should be discarded in favour of Arbuthnot Lane.

Yours etc.,

H. A. H. HARRIS.

Southborough House,
Chelmsford.

The Day the G.P.O. Men Came

We had always suspected something of the sort would happen, but although we had exchanged several quips about the possible effects of the Contraption upon inner and outer Space while it was still under construction, we had not quite foretold the exact events as they subsequently occurred. The Contraption was a time-lapse camera mechanism; it was built along somewhat monumental lines as though intended to withstand the effects of time as well as those of lapse on our part. When it assumed its eventual shape two induction motors ran continuously and drove the various sequential mechanisms required to take a photomicrograph at moments controlled by an electronic timer and then to move on the film one frame. To see it working was a delight, especially in the quiet of a winter's evening. At that time of the day it had to be heard as well as seen to be really believed. Against a background hum of the motors and the breathy whirr of a domestic fan that kept the precious electronic timers from overheating, there were loud rhythmic smacks as the grossly underloaded solenoids happily and efficiently set things in motion and stopped them in turn. A red light winked on and off with each cycle and the microscope lamp shone green and white alternately. Already envious onlookers had been heard to murmur that Christmas illuminations appeared to have begun unduly early this year. Somewhat after the fashion of Galileo we could say—'nonetheless, it works !'—we had seen the cells move and gyrate before our eyes, nerve fibres had sprouted and even an astrocyte had indubitably divided by mitosis. It was not the contraption that was to worry us henceforth, indeed, our worries lay in the field of Optics when the event occurred.

It was about 12 noon and I was quietly ruminating on the immensity of the Universe as reflected by the innumerable variables encountered in culturing cells *in vitro*. I had planned that afternoon to see whether our optical system would allow us to peer into the centre of a colony where the nerve cells lay and give us a picture of the comings and goings of their satellites and attendants. I knew from still photographs that the picture would not be ideal but the fourth dimension can sometimes be of assistance in separating details. The hot-box was switched on, the motor, humming at intervals like a briskly working honey-bee, was blowing warm air into it under the control of a thermostat, and the colony in the perfusion chamber lay in the warm interior of the box enjoying a period known rather vaguely as 'settling in' before being photographed. Suddenly from behind me there came the scuffling of footsteps and a shout of 'there it is !', reminiscent in its tone of a 'view halloo'. Through the door came two men, flushed and breathless, carrying a box between them from the top of which rose a long slender antenna. Triumphantly they laid the box on the floor and waved a loudly crackling headphone at me. They plied me with questions about the time the machine was switched on, how long for, how often, etc., until they were satisfied that my infor-information tallied with their observations. One of them, who wore a robin red-breast sweater and who talked familiarly of megas and other such things gloomily twiddled a knob on the box and said that he thought I.T.A. would be affected. The taller man, who wore a grey mackintosh and a vaguely officia

air, asked whether we had a licence, which seemed a somewhat irrelevant point. It became clear that we had been the cause not only of some disturbance to the television sets of the hapless burghers of Southwark, but also, more important, the ruination of several series of delicate measurements by the electronics enthusiasts of the Physics Department. The cause ? Not the Contraption I am glad to say. It lay, somewhat smugly I thought, awaiting its afternoon call to activity. It was the innocent looking thermostat that was to blame, one that had been taken from a long disused frog tank of the Professor's. It was probably the only piece of equipment we had thought incapable of doing anything but the job required of it. We made the movie that afternoon without a hitch. It may be more difficult if they surround us with chicken wire.

J.B.C.

FIFTY YEARS AGO?

—Perhaps

Minos of old, as we are told,
Ruled in the gate Elysian.
At Guy's you know, they have a Pro,
To do the job, a busy'un.

And she must keep the Patient sheep
From those that are not lamblike,
And herd the goats, with honeyed notes
Cajoling, if they "damb-like".

For some there be with "A and T"
And not a few with Scabies ;
And there are some who only come
With cacchinating babies.

And some there are who bring from far
Peculiar Neuroses,
And many they with G. O. K.,
And specially on Saturday
With haemorrhagic noses.

So here is to the Senior who
Must keep the list infinite
And note the time and temp. and name
Of all who enter, in it.

Continued. ?1909 ?
I loved you as a Pro. but now that things
Have altered so, and You've discarded 'Strings'
You'll need no Beau.

This is my only plea. Now you've got 'Blue'
Dont say you'll be a SISTER fond and true
Henceforth to me.

Farewell ! Caerulean Nurse ! And since you are
Above mere Pros(e) immeasurably far,
Accept my verse.

Q. S. GABB.

PEDAGOOGLY.—XII

Humpty Dumpty sat on a wall,
Far too heavy and a bit too tall.
If it's Frohlich's syndrome I'll eat my hat
(The fallacy lies in the pubic fat).

REVIEWS

Diseases of the Nervous System. By Sir FRANCIS WALSHE. 1958. 9th Edition. Pp. 373. Livingstone, Edinburgh and London. *Price* 30*s.*

Specialisation in neurology began early, and between the two wars and since has developed into what is almost a separate clinical discipline from general medicine. And this has paid enormous dividends, for there are few subjects so far advanced, and in which clinical and laboratory investigations have marched so profitably together. But it has had certain drawbacks, one of which is that a generation of general physicians has grown up which has had little or no practical experience of the bread and butter of neurology, and whose knowledge is largely culled from nineteenth and early twentieth century texts. Excellent as some of this work was, much of it was based on misconceived ideas, and some is frankly erroneous. Moreover the newer methods of investigation have demonstrated many lesions quite unsuspected in the past, and have led to the distinction of important new clinical entities hitherto unrecognised.

So it is with relief that one turns to Sir Francis Walshe's model text. It has passed through nine editions now, but this new one retains the crisp lucidity of the first. The book is conventionally arranged, with first an easily understood section on the anatomy and physiology, followed by an account of the tissue reactions of the nervous system. Thereafter there is a systemic account of the common nervous diseases, with full discussions of the many new conditions that arteriography and other special investigations have displayed. These include internal carotid and basilar artery insufficiency and thrombosis, and the excellency of the illustrating radiographs must be specially mentioned. The account of median nerve compression is conservative, and may well be modified in subsequent editions, but the caustic aside on cervical spondylosis is well merited. A new feature is a good chapter by J. M. Walshe, the senior author's son, on the neurological complications of liver disease and hepatolenticular degeneration, both subjects to which he has made notable contributions.

Well bound and clearly printed, it is a bargain for all at 30*s.* and this is one book to which reference will continue to be made after qualification.

C.L.J.

Peripheral Nerve Injuries. By Professor RUTH E. M. BOWDEN, Royal Free Hospital School of Medicine, University of London. H. K. Lewis & Co. Ltd., London. Pp. 62. *Price* 8*s.* 6*d.*

Though it seems at first sight curious that a book on peripheral nerve injuries should come from the pen of a professional anatomist, older readers will recall the classical studies of Lord Stopford on precisely this topic. His work was the result of a happy blending of anatomical knowledge with wide clinical opportunities during the first world war. Similarly, in the more recent conflict, Professor Bowden was able to bring her anatomical acumen to bear directly upon clinical problems in an Oxford war-time centre for treatment of peripheral nerve damage. This little pocket book, of most attractive brevity, is the result of her wide experience. Though the emphasis upon anatomical considerations is strong, as is in any case bound to be so, the principles of diagnosis and treatment are set out with most readable clarity. The text is so admirably purged of unnecessary detail and speculation that it is difficult to fault it. One wonders if the nature of the overlap of cutaneous nerves might not have been stated a little more clearly; and perhaps the autonomic weighs unduly in the section on anatomy. Doubtless, in the section on treatment controversialists will find a bone or two to pick, but the writer is not qualified to quibble here. Typographical errors are few; a hyphen has disappeared from "extra peritoneal', recalling a curious practice of present day students of writing pantechnicon words as separable elements. One wonders if Anatomy is so sacred as to require a capital initial, a practice of doubtless gratifying respect to Anatomists when observed by others, as it often is.

Professor Bowden's book can be read in one or two hours; and while it is chiefly aimed at physiotherapists, medical students and the like, it can be read and re-read with profit by any of their seniors except the experts. Even they may well find food for rumination in a medical text of such unusual directness. It contains, despite its compact simplicity, a surprisingly large collection of information. This stands out crystal-clear, shorn as it is of the doubts, speculations, impressions and controversy which obscure the worth of too many medical publications.

R.W.

Principles of Internal Medicine. By HARRISON, WINTROBE, ADAMS, RESNICK and BENNETT. 3rd Edition McGraw-Hill Ltd. *Price* 143*s.* 6*d.*

The third edition of this textbook has undergone extensive revision, several parts have been rewritten and some new sections added. The whole book now runs to 1,782 large, closely printed pages, plus an index of 57 pages, and is the product of the labours of 98 contributors (drawn from the Old as well as the New World although chiefly from the United States). It is impossible within the limits of a short review to comment in detail on the contents of a work of these dimensions. In general it may be said that the individual sections are well-written and up-to-date and that the editors have secured a uniformity of style which helps to weld the many parts into an integrated whole.

The general plan of the book may more easily be remarked upon and is somewhat unusual. The first part, a rather Hippocratic homily on the "Approach to the Patient" is the shortest in the book and serves as an introduction. Next follows a section of 400 pages devoted to a consideration of the "Cardinal Manifestations of Disease" (*e.g.*, pain, fever, jaundice, anæmia), which are considered in terms of their underlying anatomy and physiology and of their diagnostic significance. The third part (100 pages) deals with "Biologic considerations" (*e.g.*, inheritance, neoplasia, electrophysiology). These two parts together may perhaps be regarded as the most valuable section of the book, dealing as they do in a masterly fashion with basic principles which are often largely omitted in the more formal textbooks. The remaining sections of the book deal with "Metabolic and Endocrine Disorders" (240 pages), Diseases due to chemical, physical and biologic agents respectively (400 pages in all), Allergy and then "Diseases of organ systems" (approximately 600 pages). The final section is devoted to the "Care of the patient" and deals with a few selected topics (*e.g.*, nutrition, blood transfusion "iatrogenic" disorders). This arrangement has its logic which is explained in the preface but in practice it results in some rather odd separations and conjunctions of topics and the need for a number of cross references in the text. The index fortunately is excellent and comes to the rescue here.

There are many helpful tables but the illustrations often appear rather cramped in the two-column lay-out of the pages and seem rather arbitrarily chosen. It is doubtful too whether the 6 colour plates are of sufficient importance to justify their expense. References are given at the end of each subsection but are of doubtful value as most are to standard textbooks and those to original articles are too few and unrepresentative. The volume is well produced but is too large for easy handling and one wonders how well the binding, although good, will stand up with regular use, to holding together the book's weight of 7 pounds. Although it would create its own problems division into two volumes would seem worthy of consideration.

These criticisms are, however, essentially of detail and must not be allowed to detract from the fact that this book contains a great amount of most valuable information excellently presented by recognised authorities in their subjects. Despite its size and comprehensiveness it does not provide a complete substitute for the more formal texts, although it forms a most valuable supplement to them. Few internists would not find this book useful but, although according to the preface it has been written for use by (? American) medical students, it is doubtful if many of the British variety will tackle its formidable bulk, especially at a cost of over £7. This is a pity for they would benefit from doing so.

D.C.D.

The Bases of Treatment. By N. S. and T. N. STERN. Blackwell Scientific Publications. 1st Edition. *Price* 36*s.*

This book is an expanded version of a course of lectures in therapeutics delivered at the University of Tennessee. The authors make no claim to provide a comprehensive work on treatment but rather to expound their personal views of the principles in which the care of patients should be based. Consequently, much is in general terms although the opportunity is taken to illustrate these principles by reference to the management of specific diseases.

The newly qualified practitioner or his older colleague may find the Section on Confidence in the Physician of interest and value while that on iatrogenic disease is to be commended. The discussion on diet and fluid and electrolyte balance and replacement are written in a simple and clear manner.

The main value of this book seems to be in expression of a philosophy of therapy and as such may be recommended. J.D.W.

Radioisotope Techniques in Clinica. Research and Diagnosis. By N. VEALL,[r] and H. VETTER. Butterworth, London, 1958. Pp. 417. *Price* 50*s*.

Gradually our knowledge of the body has evolved. First by dissection, and definition of structure; then by physiology, and assignment of function. Then by biochemistry and analysis of the means of action of organs. But at the end something is still missing. Living organisms are not static, structure is always in a state of flux, and function has quantitative as well as qualitative properties. Thomas Henry Huxley once described life as like a swirl in water. Here is the crux, how to study the passage of elements into, through and from the organism. Clearly a new tool is necessary to enable serial observations to be made quickly and safely on human beings, especially now that the limitations of animal work are becoming widely appreciated.

This is not a new thought; Taine (1891) quotes Claude Bernard as saying "Nous saurons la physiologie lorsque nous pourrons suivre pas a pas une molecule de carbone ou d'azote, faire son histoire, raconter son voyage dans le corps d'un chien, depuis son entrée jusqu'a sa sortie". I need not translate. At that time it must have seemed an unattainable ideal. But there is a tool, or a set of tools, which make these observations possible to us now.

Radioisotopes offer a means of labelling molecules or differentiating atoms, and thus of tracking their courses. A means by which their chemical and biological properties are preserved, and nothing is altered but their mass. A means by which they can be certainly, easily and safely identified quantitatively in complex organic situations.

The potential of these substances as a tool of medical research is difficult to exaggerate. But few clinical workers have the specialized knowledge or the leisure to glean from the scattered literature those practical details of method and application which alone make a full appreciation possible, or allow speculation on how best to apply the techniques to their own problems.

Here now is a simple statement of the basic facts of the subject. It is divided into two parts, the first on methods, the second summarising much of the important work already done. The writing is simple and direct, and the bibliography impressive. From Chapter X onwards it is a book to be read; the previous nine chapters are needed only for reference. It is undoubtedly the best book in the field currently available.

The production is good, the type bold and clear, and the illustrations helpful. The paper is rather shiny. Only the price (50*s*.) is to be regretted. Perhaps subsequent editions could be printed on cheaper paper.

C.L.J.

Clinical Pathological Data. By C. J. DICKINSON, B.A., B.Sc., B.M., M.R.C P. Blackwell Scientific Publications, Oxford, 1957. Pp. 91+xviii. *Price* 20*s*.

This is a reference book of normal values and pathological data, and is a second edition of what used to be a pocket guide but has since grown considerably in size and is now rather less suitable for the pocket but still remains a valuable desk book for quick reference to the problems which a doctor meets when interpreting laboratory investigations.

There are always hazards in presenting a book of this kind—the data supplied refers to a particular laboratory, and different laboratories with different methods often vary in their limits of normal range. A second hazard is that it encourages acceptance of the normal figures without really understanding the clinical interpretation, especially the student cramming for examinations, who might be tempted to memorise parts of it and apply the information blindly.

It is, however, a mine of useful information and is fully and clearly indexed to permit rapid locations of the relevant facts. Apart from the normal ranges, there are associated lists of conditions to which the values could apply, and in doing so rather emphasises the fact that there are very few 'diagnostic tests' which should help to prevent misuse of laboratory investigations.

There are some interesting remarks in an opening section headed "unnecessary tests", which could be more widely known to the benefit of both clinician and pathologist. Teachers in different parts of the country do vary in their opinion on some points referred to in this section, especially on the value of red cell counts and protein electrophoresis as routine procedures, but there is no doubt that an immense amount of extra work is created for clinical pathology departments by simple ignorance of their accuracy and diagnostic value. A.J.S.

Principles of Rectoscopy. By K. HERFORT and Z. MARATKA. Pp. 254. 78 coloured plates. Published in Prague: London agents—Constable & Co. *Price* 42*s.*

This is an unusual book written consecutively in four languages—Czech, Russian, German and English. The first part describes the indications for proctoscopy and sigmoidoscopy, together with an account of the instruments used and the technique of these procedures. In 77 pages there are only 13 pages of English text, the content of all of which could be learnt at a single practical demonstration.

The remainder of the book consists of a series of coloured plates, each with captions in four languages, depicting instrumental views of the anal canal and rectum and the appearance of the anus in certain diseases. In many of the plates the colour is unnatural, and the terminology used in the captions to describe various appearances in colitis and malignant disease is bizarre by British standards.

It would be difficult to find a place for this book in any surgical library. It is not for the student or general practitioner, and for the lone and inexperienced surgeon it does not reach the standard required of an atlas of reference.

S.H.W.

An Introduction to Surgery. By D. H. PATEY. Lloyd-Luke, London. *Price* 17*s.* 6*d.* (cloth); 9*s.* 6*d.* (paper).

Nowadays medical books tend to be large and very expensive, which renders it difficult for the student to possess more than one or two. Size alone makes for difficulty in reading and militates against mobility in use. The editor of this book has sought to limit size by restricting the contents to material required in the introductory period of a student's career on the surgical wards. One result is that the book will fit comfortably into a coat pocket. The subject matter is divided into small, pithy chapters enabling the reader to absorb one or two on the average tube journey. A paper-backed edition costs only 9/6d., well within the reach of any student's pocket. That the paper cover will deteriorate over a year is of no consequence because the book will have served its purpose by that time. Mr. Patey and the publishers have succeeded therefore, in providing concise information of an introductory nature in a pocket sized book which is very cheap. This is surely a noteworthy achievement.

There are three main sections. The first contains chapters explaining the fundamental pathology of conditions such as shock, wounds, head injuries and inflammation. The second, which is by far the best, gives an account of the basic methods of examination of the various systems of the body. Following this there is a useful section on minor surgical procedures. An excellent glossary of surgical terms is found at the end of the book.

The reviewer encountered only minor points for criticism which are not of sufficient magnitude to be mentioned here. The book fills a real need; it will be a guide and companion to the student at his most bewildered phase, when the contents of advanced textbooks mean little to him. It can be thoroughly recommended. The paper-covered edition at 9/6d. would seem to be a bargain compared with the cloth-bound book at 18/6d.

A.G.P.

Basic Surgery. Edited by LESLIE OLIVER. H. K. Lewis & Co., Ltd. Pp. 1360. 680 Illustrations (4 in colour). *Price* £6 6*s.* 0*d.*

The publication of another textbook of surgery is always an event in British surgery, and promotes much discussion and thought on surgical teaching. "Basic Surgery" has been written by a team of authors who are all specialists in their own subjects, and is said to be primarily for undergraduates.

The book covers the whole surgical field and has been well produced. The X-ray reproductions are good and show their subjects clearly. Clear type makes the text easy to read. However, a few of the photographs of clinical cases and pathological specimens are a little dark and indistinct. The section on Abdominal Surgery is concise and comprehensive, but Fig. 75 may well require modification more in trend with current work on rectal anatomy. Sections follow on Hernia in children and adults. The description of the femoral canal on page 214 is spoiled by the wrong naming of Gimbernat's ligament. There are chapters on abdominal conditions in children and on fluid needs of children which are particularly useful.

The section on Urology could perhaps be a little more concise for the average student. Fig. 180, illustrating the sources of hæmaturia, may leave a wrong impression on the student's mind: it is stated to be unreliable in the subsequent text.

The section on Thoracic Surgery is an excellent monograph in its own right, and it is stimulating to read. Both this and the Neurosurgical Section can be highly recommended to those studying for the final F.R.C.S. examination. However, the inclusion of Fig. 334 is rather surprising, as this type of machine is now a common household appliance. There is a fine description of bone and joint injuries, which is ideal for the undergraduate.

In general this book contains too much operative detail for those studying for the qualifying examinations, but can be recommended for the senior student.

R.G.B.

Fractures and Dislocations. By GEORGE PERKINS, M.C., M.Ch., F.R.C.S. Consulting Orthopædic Surgeon at St. Thomas's Hospital, London. Consulting Surgeon, Rowley Bristow Orthopædic Hospital, Pyrford. University of London. The Athlone Press, 1958. 363 pp. with 255 illustrations. *Price* £2 17*s*. 6*d*.

This book is intended primarily for the medical student, for the practitioner who seeks a knowledge of general principles rather than of specialised details, and for the physiotherapist.

With the medical curriculum constantly widening, the facts that the student needs to learn about fractures and joint injuries should be kept to a minimum that will serve him in the qualifying examinations and fit him for his pre-registration house appointments and general practice.

There is often more than one way of treating a fracture successfully, and with certain fractures there must always be a divergence of opinion on what is the best method. The policy favoured in this book has been to lean towards the conservative school, but to advocate operation when it seems to offer positive advantages outweighs its hazards.

Professor Perkins has tried deliberately to be dogmatic in order to impart a clear line of thought and to avoid confusion. Fractures of the face and jaw, and fractures of the skull are not excluded in this book.

For a first edition there are remarkably few slips and errors. A wealth of photographs makes the book easy reading although a little expensive.

G.A.M.

Pathology for Students of Dentistry. By GEORGE L. MONTGOMERY, T.D., M.D., Ph.D., F.R.S.E., F.R.F.P.S., F.R.C.P.E., Professor of Pathology, University of Edinburgh. E. & S. Livingstone Ltd., Edinburgh and London. 2nd Edition. Pp. 307, figs. 134+14 coloured plates. *Price* 40*s*.

The new edition of Professor Montgomery's book contains a number of improvements without any increase in size. The chapter on the causation of tumours has been rewritten and several illustrations have been replaced by better examples. In addition, a selection of coloured plates adds to the attractive appearance of a book which has been written with considerable understanding of the needs of the dental student. It is the best short text available for his purposes and will continue to be widely used.

M.A.R.

Tumours of the Oral Regions. Edited by HAMILTON B. G. ROBINSON, D.D.S., M.S. Reprinted from *Dental Clinics of North America*, November, 1957. W. B. Saunders Co., Ltd., Philadelphia and London. Pp. 143, illustrated. *Price* 21*s*.

This small book has been written to assist dentists in the recognition of tumours and particularly in the early recognition of malignant tumours. As the editor points out, "there are many dentists whose background is such that they have neither recognized their obligation nor been trained to accept responsibility for diagnosis of neoplasms," though the improved teaching now offered in dental schools ensures that recent graduates will be better equipped. The book is a symposium, to which prominent oral pathologists have contributed articles arranged for the most part on a regional basis: tumours of the lips, tongue, palate and so on. This entails some repitition but is convenient for the practitioner. There are also articles on the principles of treatment and on prosthesis. The book will be most useful to the practitioner who has had some training in the principles of pathology but whose memory needs refreshment. The practitioner who has not had basic training will find it difficult to understand. For the student it will be a useful accessory to other books, for the most part succinct and well illustrated.

M.A.R.

Bailliére Pocket Book of Ward Information. Edited by M. HOUGHTON. 9th edition. Bailliére Tindall & Cox. *Price 6s. 6d.*

The fact that this is the 9th edition of this little book shows how useful it must be. It has been brought up to date and chapters on 'Fluid and Electrolyte Balance' and 'Maintaining Respiration', added. An index is provided. The only omission noted was information about estimation of prothrombin time, which in these days of extensive use of anticoagulants the nurse often wishes to know more about. Otherwise it is the most excellent and useful little book.

B.B.W.

The Nursing and Management of Skin Diseases. By D. S. WILKINSON. Published by Faber. *Price 32s. 6d.*

There are very few textbooks of dermatology which are suitable for the use of nurses, but this new handbook is excellent. It contains sections on general principles of care, on management of common skin diseases, on special techniques used in treatment and includes a short formulary intended for reference only. The general layout of the book is good and there are a number of illustrations. Not every nurse can afford 32*s.* 6*d.* but copies of this book could certainly be kept in the skin wards and the Sister Tutors will find it invaluable in the nurses' library.

B.B.W.

The Nurse and the Diabetic. By JOAN WALKER. Iliffe & Sons. *Price 10s. 6d.*

This little book has already appeared as a series of articles in the *Nursing Mirror*. It is simply and clearly written and well illustrated. Many nurses find difficulty in understanding the subject, particularly if they have not nursed a diabetic patient, many more are apprehensive about measuring insulin and others cannot always realize how the patient adapts to his home situation. All these nurses will benefit by this book which can be most warmly recommended to nurses and their tutors.

B.B.W.

SPORT

RUGBY FOOTBALL

Guy's v. Old Cranleighans

At H.O.P. 13th December, 1958

Result—Draw 3-3

This game was played in dreadful conditions, for following heavy rain the ground was covered in a thick layer of mud. All credit must therefore be given to both teams for the efforts they made to open the game up, but mainly the battle took place at forward where there was little to choose between the two sides. The handling was remarkably good considering the state of the ball, and on the whole the kicking of both sides was of a high standard.

Old Cranleighans kicked off, and for the first quarter of an hour kept most of the play in the Guy's half of the field. The game soon resolved itself into a forward struggle, but when the ball did go out, both sides used the kick ahead a lot, hoping no doubt in such bad conditions the opposition would make a costly mistake. This never occurred however, and when half-time came neither team had really threatened the other's line.

The second-half began with play very similar to that in the first-half. With about 20 minutes to go, however, Guy's took the lead when Pagliero kicked a penalty from the 25 about half-way out, and this seemed to arouse the Old Boys who set up an unrelentless attack on the Guy's line for the rest of the game. The Guy's defence was very good indeed, and it seemed as if they were going to hold out until the end, but in the last few minutes Old Cranleighans drew level.

Guy's failed to find touch from a penalty awarded to them under their posts, and Clements the Old Boy's captain, passed to Scott who dropped a good goal from about 30 yards. There was very little time left now, but Guy's almost snatched victory when Leyshon went close to scoring in the corner.

This was a fair result to a hard fought game, when there was little opportunity for any individual to shine.

Score: Guy's, 3; Old Cranleighans, 3.

Team: K. M. Pagliero; J. Leyshon, R. T. Hawley, C. J. Wright, V. E. Egwuatu; N. F. Boyd, J. R. D. Nicholas; C. B. Jones, W. M. Patterson, A. C. Knight, B. Blackwell, P. W. R. Harris, I. Baker, A. P. Buirski (capt.), D. R. A. Lloyd-Edwards.

Staff v. Students

Boxing Day Result—Staff Won 8-3

On a rather grey wet Boxing Day morning 30 stalwart young gentlemen assembled at Honor Oak Park for the annual rugby match Staff v. Students. The rigours of much hard work on Christmas Day had taken their toll, and a little pre-match fortification was needed to muster spent energy for the fray. Mr. Graham Bury had kindly consented to referee, while the handful of enthusiastic spectators were led vociferously by the Major.

The students, led by J. Eustace, kicked off and were soon on the attack, but the staff had in Dr. D. Richards a penetrating centre—three-quarter and captain who rallied his men back to the opposing line. In difficult conditions both sides attempted unsuccessfully to play good rugby and shortly R. O. Smith at stand-off half for the students made an opening and sent their incognito guest star from Sandhurst over between the posts for a try. At this point a newcomer to Guy's Rugby appeared on the scene—Mr. P. Fanning was called upon to take the conversion which he placed coolly between the uprights with an aplomb and precision which has been missing from Hospital rugger for some time.

The staff now fought back with famous Irish brain surgeon D. Carroll at scrum half and G. Davies at stand-off spearheading the attack.

An attempt by T. Clark, the students' full-back, to open up play was scotched by a well-timed tackle from the referee, Mr. Bury, who from then on played a sterling game, only blowing his whistle when he felt tired or the students looked liked scoring.

Now in the dying moments of the first-half a cross-kick from M. Langman was pounced on by the forceful Richards—a loose ball, and Fanning under extreme pressure placed a neat cross-kick to his own corner flag off the side of his boot. The staff's speedy left wing, Bill Workman pounced on his opportunity, tripped over someone's foot and sprawled full length on top of the ball for a brilliantly engineered try—5-3.

Threats from both sides induced the referee to blow for half-time when J. Powell who had played magnificently was seen to leave the field apparently in extremis. In the second half he lent his skill and experience to the backs.

In the second half the students' strong back line with its versatile wings M. Sneary and S. McHardy-Young began to gain ascendancy, and eventually R. Smith broke through along the touch-line, tackled past the full back and just beat the referee for the touch-down—a tremendous kick by Fanning from far out with a heavy ball, just failed by inches to reach the line.

A concerted effort by the staff led to their being forced back to their own line from which strategic position G. Davies made a brilliant interception and set off up field on his own with I. Chisholm in hot pursuit and the rest nowhere. Davies using every trick known to him could not elude Chisholm, fine footballer that he is, and for once Mr. Bury was nowhere around to help.

Just before full time J. Eustace was seen to employ strong language to describe the staff full-back but the game was on the whole free from these unfortunate incidents.

The teams were piped off the field by the Major but were kept waiting at the pavilion for D. Richards complete with straw hat to catch them up.

A spirit of goodwill was preserved throughout and a good lunch was drunk by all.

HOCKEY

Guy's 1st XI v. Merton

At H.O.P. 29th November, 1958
Result—Draw 2-2

Guy's "A" XI v. London School of Economics

At H.O.P. 3rd December, 1958
Result—Won 7-0

Guy's 1st XI v. Crostyx

At Fairlop 6th December, 1958
Result—Draw 2-2

Guy's 1st XI v. Old Tauntonians

At H.O.P. 7th December, 1958
Result—Won 2-0

December 13th. All games cancelled owing to rain-soaked pitches.

An encouraging, if inconspicuous, end to the first half of the season; both the draws could have easily been wins.

The match against the Old Tauntonians was a revelation of what the Guy's team can do; and the opposition, weakened by absence of regular players, did well to keep the score at two goals. Guy's were in command for most of the game and were indeed unlucky not to net four goals in all. This game did much to encourage the hope that the first XI will come into its own next term and in the Hospitals' Cup.

The Second XI are to be congratulated on a very successful season so far, and hopes of winning the Junior Hospitals' Cup are high.

TEAM RECORDS TO DATE :—

	P.	W.	L.	D.	Goals F.	Goals A.
1st XI	12	6	3	3	31	21
2nd XI	10	7	2	1	46	7
"A" XI	1	1	—	—	7	0
3rd XI	9	4	5	0	19	37
4th XI	6	4	2	0	18	13

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Senior Registrar in the Department of Child Health** with appointment from 1st April, 1959, to 30th September, 1960, in the first instance. Applicants should hold a higher qualification and should write in for the necessary form of application to the Superintendent, which should be lodged, with the names of three referees, not later than **26th January, 1959.**

APPOINTMENT

Dr. R. W. Smithells, Senior Registrar to the Department of Child Health, has been appointed Lecturer in the Department of Child Health at the University of Liverpool.

PASS LIST

UNIVERSITY OF OXFORD

B.M., B.Ch.

Michaelmas Term, 1958

Medicine

*R. B. Huddy — H. D. Weintraub
*S. Nurick

Surgery

*R. B. Huddy — H. D. Weintraub
*S. Nurick

Midwifery

*J. Dodd — *S. Nurick
*R. B. Huddy

*Have qualified B.M., B.Ch., (Oxon.).

UNIVERSITY OF CAMBRIDGE

Final M.B. Examination

Part II.—Physic, Surgery, Midwifery and Gynaecology

Michaelmas Term, 1958

*I. G. Christie — *A. Kenyon
*M. Colebrook — *L. Kwasny
D. R. Edbrooke — *K. I. Mackenzie
J. Farmer — *C. McL. Maddox
*I. N. L. Johnston — *S. O. Wamuo

*Have qualified M.B., B.Chir.(Cantab.).

Part I.—Pathology and Pharmacology

A. H. Abrahams — J. W. S. Rickett
I. G. Chisholm — Hazel M. Sargent
D. Denis-Smith — E. N. Wardle
N. Dobie — F. Warwick
C. J. Hunter-Craig — Mary R. H. Webb
R. Marsh — G. H. E. Woodbine
B. S. Meldrum — D. A. Wright

UNIVERSITY OF LONDON

M.D.

K. M. S. Hume

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

Final Examination

O. H. Shaheen

CONJOINT BOARD

L.R.C.P., M.R.C.S.
December, 1958

Anatomy
G. W. Cook

Pharmacology

M. K. V. Adalja
K. J. Connolly
Jennifer Craig
H. R. Daires
J. D. Eustace
D. J. Fishlock
C. W. Jameson
J. B. Kelly
D. L. Morgan
T. A. J. Ogunbiyi
D. Pickering
P. M. J. Tombleson
M. S. Wirk
Ann J. Wiseman
S. McHardy Young

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Diploma
Eleanor M. Clarke

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

December, 1958

Surgery
A. S. Horniblow

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Briggs, J. H. Myxoedema. *Med. biol. ill.* 1958, **8**, 196.

Burn, J. H. and another. The Cause of the Supersensitivity of Organs after Degeneration of Sympathetic Nerves. *Lancet*, 1958, ii, 1213.

Carr, H. Graham. Multiple Idiopathic Resorption of Teeth. *Brit. dent. J.*, 1958, **105**, 455.

Carr, H. Graham and another. A Portable Electric Pulp Stimulator Using Transistors. *Brit. dent. J.*, 1958, **105**, 415.

Darke, Christopher and another. Bronchiolitis from Nitrous Fumes. *Thorax*, 1958, **13**, 327.

Davison, A. N. and Dobbing, J. Relative Stability of Brain Lipids. *Lancet*, 1958, ii, 1158.

Douthwaite, A. H. Insomnia. *Brit. med. J.*, 1958, ii, 1347.

Douthwaite, A. H. The Development of the Treatment of Duodenal Ulcer (Abridged). Presidential Address. *Proc. R. Soc. Med.*, 1958, **51**, 1063.

Engel, C. E. Die Oberflache der Haut. *Medizinische Bild-Dienst*, No. 4, 1958, 211.

Engel, C. E. Silhouettes. *Med. biol. ill.*, 1958, **8**, 214.

Forbes, John. Danger! Doctors at Work. *Lancet*, 1958, ii, 1226.

Fuller, Denis. Hypothermia: Its Uses in Modern Cardiovascular Surgery. *Sth Afr. med. J.*, 1958, **32**, 1128.

Hopkins, Philip. Psychotherapy in General Practice. *Med. World*, 1958, **89**, 517.

Kesson, C. W. Glandular Fever. *Brit. J. clin. Pract.*, 1958, **12**, 859.

Magnus, I. A. A Visit to Hamburg. *Trans. St. John's Hosp. Derm. Soc.*, September, 1958, No. 40.

McLean, John W. Silicone Impression Materials. *Dent. Practit.*, 1958, **9**, 56.

Mills, C. Peter. Malignant Granulomas of the Nose and Paranasal Sinuses. *J. Laryng.*, 1958, **72**, 849.

Pearson, J. D., Veall, N. and another. The Use of Radioactive Phosphorus in the Diagnosis of Pleural Effusions. *Brit. J. Tuberc. Dis. Chest.* 1958, **52**, 281.

Polani, Paul E. Prematurity and "Cerebral Palsy". *Brit. med. J.*, 1958, ii, 1497.

Simpson, K. Heart Failure in Infants. *Proc. R. Soc. Med.*, 1958, **51**, 1022.

Swift, P. N. and others. Cellular Immunity at Birth. The Mechanism and Nature of the Phagocytic Response. *Arch. Dis. Childh.*, 1958, **33**, 512.

Talbot, C. H. Regional Ileitis in Children. *Proc. R. Soc. Med.*, 1958, **51**, 1027.

Thomas, C. G. A., Liddell, J. and Carmichael, D. S. Cleansing of Hospital Blankets. *Brit. med. J.*, 1958, ii, 1336.

Treadgold, Sylvia. Max Brödel, 1879-1941. *Med. biol. ill.*, 1958, **8**, 202.

Wendell-Smith, C. P. and Williams, P. L. Some Structural Characteristics of Myelinated Nerve Fibres. *Nature*, 1958, **182**, 1608.

Wright, G. Payling. Discussion on Tetanus: The Use of A.T.S. in the Treatment and Prophylaxis of Tetanus. *Proc. R. Soc. Med.*, 1958, **51**, 997.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

ASST. DENTAL SURGEON. Bedfordshire. Young Assistant Dental Surgeon required. Accommodation available. Box No. 163.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

Peter G. Dunbar, M.B., B.S., D.A., D.Obst. R.C.O.G., Woodford House, Devizes, Wilts. (Devizes 104).

K. A. Hillard, M.B., B.S., Halfacre, Pyle Hill, Mayford, Woking, Surrey. (Woking 924).

C. F. A. Younger, M.R.C.S., L.R.C.P., M.B., B.S., Scottsdale, Tasmania. (Tel. 176).

BIRTHS

FINCHAM.—On 20th December, 1958, at Pembury Hospital, to Elizabeth and Paul Fincham, M.B., B.S., a daughter (Angela Madeleine), sister for Anthony, Pauline and Kenneth.

GLADDERS.—On 7th December, 1958, at Swindon, Wilts., to Frances, wife of Peter Gladders, M.B., B.S., a daughter (Hilary Gillian), a sister for Andrew.

LINDSAY.—On 13th November, 1958, at the Torbay Hospital, Torquay, to Patricia and John Lindsay, L.R.C.P., M.R.C.S., a third son (Neil).

MITCHELL.—On 17th December, 1958, at Guy's Hospital, to Barbara, wife of George E. Mitchell, a daughter (Carolyn Barbara), a sister for Roger and Robert.

REYNOLDS.—On 6th December, 1958, in Boston, to Jill, wife of A. P. Reynolds, a daughter (Susan).

MARRIAGE

CALLUM—COTTRELL.—On 6th December, 1958, at Southwark Cathedral, W. D. Callum, M.B., B.Chir., to Fay Cottrell.

DEATH

LITHGOW.—On 19th December, 1958, at Paignton Hospital, Agnes Maria Lithgow, R.R.C.

EDS. {J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1839 17*th January* 1959 *One Shilling*

PASSIM

FROM time to time there is raised in our pages of reviews a *cri-de-coeur* that, although such-and-such a textbook is in all respects excellent, indeed indispensable to any right-minded medical student, it is, because of its price, very unlikely ever to reach its proper audience. These impressive volumes, printed upon art paper, well bound, and often containing a wealth of illuminating illustration, are ideal for library use and would be equally valuable to the individual student were they not quite beyond his pocket. It is, therefore, unreasonable at the present time to expect any medical student to possess more than one textbook on each of the various fields of medicine he is required to study, and the majority have not even those: a situation that is bound to prejudice the development of that eclecticism so important in the modern scientist. The student very often has access to a good library, but there are seldom more than two copies of each textbook available, and the knowledge acquired there may be more hardly won than that obtained from his own books in his own time. Besides, for most people, the possession of any book is a strong stimulus to reading it.

One possible remedy for this situation would be the allocation of special grants, specifically for the purchase of textbooks, by more of the Local Authorities and Grants Committees. Another, that has been discussed on several occasions recently, concerns the possibility of republishing standard texts in cheap "paper-backed" form. Works on Medicine, Therapeutics, Pharmacology, and other subjects within which there is at the moment a rapid advance in knowledge and technique, necessitating the frequent appearance of new editions, could all with advantage be published in this manner ; (with, of course, a parallel, more expensive edition for library use). One may buy Dostoyevsky for five shillings, why not Cecil and Loeb for ten ? Illustrated texts on Surgery, Obstetrics, Orthopædics, etc., would doubtless be more difficult to produce cheaply, but the problem does not seem to be insoluble; some of the "paper-backed", illustrated, semi-technical works already on the market maintain a quite adequate standard of presentation. The publishers of textbooks have not yet received such suggestions as these with any sign of enthusiasm, but we feel that the possible fall in the sales of the more expensive, though not necessarily more profitable versions, might not be so great as they perhaps anticipate; libraries will always prefer the better bound editions which will stand the ravages of time and students.

A third alternative, that might prove economical from all points

of view, would be for the standard texts to continue to appear in their present immaculate and expensive form, but with new editions only at intervals of five to seven years. Cumulative supplements to them, in cheap "paper-backed" form, could then be published yearly between each edition. These would contain corrections to the parent text if necessary, and teaching on recent advances in knowledge within the subject covered. The life, and second-hand price, of the parent volume would be enormously increased, the production of one large uniform edition would reduce the publisher's costs, and up-to-date teaching could then be obtained at a price accessible to all.

To obtain the greatest benefit from the expensive and lengthy course of university education he is undergoing the student must have an adequate library of his own. We hope that publishers and authors will investigate, as soon as possible, the feasibility of producing students' textbooks that are within the student's means.

We were delighted to see that Miss M. J. Marriott, now matron of the Middlesex Hospital, was awarded the O.B.E. in the New Year's Honours list; we offer her our sincere congratulations.

The preparations for the opening of New Guy's House next year are leading to increased demands for senior nursing staff. There is an immediate vacancy in the Operating Theatres for a senior Sister with not less than five years' theatre experience, and the post of Third Assistant Matron, which will become vacant in the Spring, is shortly to be advertised. We understand that the Matron would be pleased to hear from Guy's nurses who have had wide experience since completing their training, and who would be interested in returning to Guy's.

We congratulate Mr. R. A. J. Mayhew upon his appointment as Honorary Dental Consultant to King's College Hospital.

We welcome Dr. F. G. Campbell as a Senior Registrar in the Neurological Department, and Dr. Priscilla Ridge as Registrar in the Radiotherapy Department. We also congratulate Mr. D. G. Taylor, at present Research Fellow in the Thoracic Surgery Department, upon his appointment as Senior Thoracic Surgical Registrar.

The Guild of Ex-Patients and Friends of Guy's has provided a slim, elegant prayer book for use in the Chapel. It contains a description of the Chapel, the Guy's prayer, and forms for Morning Service and the Churching of Women. The "Guy's Hospital Chapel Book" as it is called, will provide for patients who come to Morning Service on Sunday, and will also be available to anyone calling in the Chapel for private prayer; it will also serve, as the Chaplain pointed out to us, "quite honestly, for those who want something to read before the service begins on Sunday !"

A charming group of fashionably dressed ladies dined in the Nurses' Home on 8th January. It was very pleasant to meet there almost all the Sisters of the Hospital, who were thus at last able to relax, after a strenuous Christmas, at the annual dinner given by Matron. Mr. Kingston provided a most elegant menu, and the Sisters entertained their guests royally. Matron spoke briefly, regretting Lord Cunliffe's unavoidable absence, and welcoming the guests, including Mr. E. G. Slesinger, Vice-Chairman of the Board of Governors, Dr. W. S. McConnell (representing the Consultant Staff) and Mrs. McConnell; and Dr. Christopher Hardwick, Physician to the Nurses' Health Service, and Mrs. Hardwick. In reply, Mr. E. G. Slesinger proposed the health of the Sisters of Guy's. After dinner a programme of puppetry was enjoyed.

We have long suspected that the Hospital would grind to a halt without the four stalwarts who man the College porters' lodge, Arthur Bradley, Fred Halliday, Leslie Houghton and Bill Workman. This suspicion is confirmed by a report from the surveyor for the Multitone staff location system, now installed, and waiting to be used when a technical hitch or two are sorted out. In assessing the efficiency of the current system, as is their custom, the firm were astonished by the speed with which the flashing lights and verbal messages achieved results. In one period, thirty-five queries for specific persons were answered with twenty immediate replies of their whereabouts, while the fifteen flashes were answered in ten seconds, twenty seconds, etc., one houseman taking two and a half minutes to answer only because he was examining a patient when the flash went. A good average in other institutions would be well above this figure. While Multitone will reach places without lights, such as medical X-ray, the students' laboratory and some places of refreshment, we must register a tribute to the men who in the words of the report "have the Hospital at their finger-tips", and make the present system work so well.

The days are long past when the Externs' room was for four weeks the home of busy dressers who amassed huge totals of deliveries on the district. Today's obstetric dresser may or may not conduct a delivery during his week on extern. The tradition that the room is occupied and decorated by Externs has recently lapsed, for the latest carving dates from 1954. It therefore seems very reasonable that the room will from now on be part of the Residents' room. The carvings are to be preserved as they stand, and any Guy's man who cannot credit what his memory tells him about them will be welcome to inspect them at any time. Although it is good that the Externs' room is again to be "lived-in", it is a little sad that the extern appointment is now so near the oblivion which has swallowed, for instance, the "Clinical" appointment.

We would remind our readers of the Grand Ball to be held at the Royal Festival Hall, on 30th January, from 11 p.m.—5 a.m.; the music will be provided by Bill Savill and his orchestra. We wish the organizers the same success that they obtained, and so richly deserved, last year.

A very pleasant tribute to everybody who helps to make Christmas at Guy's a cheerful and memorable occasion, is contained in the *Guernsey Evening Press* of 23rd December. A patient who had spent the previous Christmas in *Addison* described his ten days' stay in a long and friendly article which ended with Christmas wishes to Sister Asquith, the nurses, the ward clerks, and everyone who had made his Christmas a "joyous and happy" one.

The recently published Mental Health Bill provides for greatly increased expenditure of money and energy on improving the provision made by the N.H.S. for the treatment of mental illnesses, and it has been welcomed by the profession. It is a pleasure to record the appearance of the "Mental Health Manual" of the British Red Cross Society. Lucidly written by Dr. David Stafford-Clark and agreeably illustrated by Miss Sylvia Treadgold, it is produced now because "an understanding of the term 'Mental Health' is as important today as was the understanding of the meaning of the term 'Public Health' some fifty years ago." In the education of public opinion toward a balanced and humane view of mental illness, this booklet should be of great value, while the devotion of official energies to an enlightened Bill in Parliament must gladden the hearts of those who have worked patiently for many years for such advances to be made.

The *Daily Telegraph* crossword last week had a clue that ran "Guy's real trend (anagram). (Its doctors will surely throw the lie in my teeth !)". Intrigued, we dived in and came up an hour later with the answer, "Dental Surgery". We offer no comment.

GUY'S DIARY

JANUARY			Exhibition. Department of Surgery. *Fractures of the Upper Limb.*
19th	M	1.00	Mr. Murray Falconer. Clinical Lecture.
20th	T	1.00	Mr. H. J. B. Atkins. Clinical Lecture. *Examination of the Hip Joint.*
23rd	F	1.00	Dr. R. Kauntze. Clinical Lecture.
24th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
			Rugby. 1st XV v. Devonport Services. (Devonport).
26th	M	1.00	Dr. A. M. Hutton. Clinical Lecture.
			Rugby. 1st XV v. Paignton. (Paignton).
27th	T	1.00	Dr. T. H. Hills. Clinical Lecture.
29th	Th	1.00	Mr. R. S. Lawrie. Clinical Lecture.
30th	F	1.00	Dr. J. C. Houston. Clinical Lecture.

NOTICE

ANNUAL DENTAL CLINICAL MEETING

The Annual Dental Clinical Meeting will be held in the Dental Department on Saturday, 7th March, 1959, and the Dental Society Dinner will be held in the evening. A detailed programme of the Meeting will be published in the *Gazette* on the 14th February, 1959.

OBITUARY

AGNES MARIA LITHGOW, R.R.C.

Miss Agnes Maria Lithgow died in Paignton Hospital on 18th December, 1958. She trained at Guy's during the first World War, and held a Sister's post for a short while before leaving to take up the work in nursing homes which occupied the remainder of her active life.

Mr. W. D. Doherty writes :—

Sister Lithgow was in charge of a ward at Guy's during my student days. My chief recollection of her is later on after she left Guy's, when she was in charge of a nursing home in the West End, at first in Bentinck Street, and later in Beaumont Street. Her nursing homes were well patronized by the Guy's staff at that time—I went there often myself, and I can picture R. P. Rowlands, L. Bromley, E. C. Hughes, J. A. Ryle, A. H. Douthwaite and Grant Massie, among others, going to see patients in her home. She was a wonderful nurse and organizer, and very popular with patients and staff alike. She carried on until the outbreak of war in 1939, when the home was closed, as she went to Newmarket to run an Emergency Hospital there. She retired at the end of the war, and I last saw her as a patient in Nuffield House about a year ago.

NOTICES

QUODLIBET SOCIETY

The following meetings will be held in the Upper Reading Room of the Student's Club at 8.30 p.m.

THURSDAY, 22nd JANUARY.
Sir David Keir on "The Constitution."

THURSDAY, 5th FEBRUARY.
Sir Miles Thomas on "The Value of Speed."

As a result of Sir Arthur Elton's visit last November, arrangements have been made for a documentary film show in Shell-Mex House, at 7.15 p.m., on Thursday, 19th February, Further details will be given later.

RUGBY CLUB

Applications for tickets for this season's International matches at Twickenham should be addressed to the Hon. Secretary as soon as possible.

CORRIGENDUM

We apologize for the error whereby Sister M. Ellick was wrongly identified in a Christmas "Snapshot" in our last issue , as Sister Goodman, her former colleague in Out-patients.

Sixty Years Ago

From Guy's Hospital Gazette, 4th February, 1899.

(From Passim)

"The surgeon described the chief points of the case to the students, and laid some stress upon one symptom which was a little peculiar. Then he turned to the first student and asked him whether he would recommend an operation. The student, who did not know in the least if it was a suitable case for operation or not, but thought that he ought to say something, answered boldly, "No". The surgeon then turned to the next student and asked his opinion. This individual, also not knowing what answer to give, but evidently thinking that the first man was a good lead, also said "No". Then the question went all round the class, and everybody agreed with the first two. "Well", said the surgeon, "You are all wrong, for I am going to operate". "No, you ain't," said a voice from the bed; " 'ere's fifteen doctors say it ain't a case for operation, and I ain't going to let you operate on me ! " And he took up his bed and walked . . .".

THE REMOVAL OF SUBGINGIVAL DEPOSITS AND ITS IMPORTANCE

By J. M. McCORMACK

The winning entry in the Student Essay Prize Competition (1956-7) of the British Society of Periodontology

DEPOSITS on the teeth have long been recognised as being associated with an unclean and unhealthy mouth. The local causes of inflammation leading to a lesion of the periodontal membrane can often be directly attributed to the trauma and infection resulting from dental calculus.

The removal of these deposits constitutes the primary treatment of the disease. Study of the formation of calculus and subsequent pathological changes in the surrounding tissues may eventually lead to efficient preventive measures which will lower the incidence of periodontal lesions.

DEPOSITS

The clinical crowns of the teeth exposed to the saliva in the oral cavity have a variety of substances attached to them even in the mouth of a healthy individual. The so-called dental plaque composed of mucin, food debris, micro-organisms and materia alba may be concerned with the proteolysis of the organic fraction of the enamel (Bodecker 1948). It is present on the tooth surface not exposed to mastication and may be easily removed by a proper tooth brushing technique.

DENTAL CALCULUS

A dental calculus is a deposit of variable composition, texture and colour and is commonly found. There are two types—supragingival or salivary calculus and subgingival or seruminal calculus which is situated below the gingival line. The main deposits of supragingival calculus occur in the region of the orifices of the various salivary ducts and so are usually formed on the lingual side of the mandibular incisors and the buccal surface of the maxillary molars.

SUBGINGIVAL CALCULUS

Subgingival calculus is commoner near the salivary duct openings but may be found on any teeth in deciduous or permanent dentitions. It may be situated on labial, buccal, lingual or palatal aspects and also in the interproximal spaces where large deposits can be built up. It is found in the deepened gingival sulcus and so may not be seen on casual inspection. The amount deposited may be a small flake adherent to the tooth or a crescent shaped mass following the line of the epithelial attachment. It has a hard texture and varies in colour from green to black which may be attributed to pigments from disintegrated blood cells escaping from the lacerated sulcus epithelium when pressure is applied against the overlying tissue.

Radiographic examination will reveal a faint shadow of calculus in the interproximal spaces.

Black (1886) found that salivary and seruminal calculi have a similar chemical composition and the different characteristics of the subgingival deposits are accounted for by the fact that it accumulates in a crevice and is subjected to pressure, making it more compact. Glock and Murray (1938) have given the composition for subgingival calculus—see Table 1.

FORMATION

There is little agreement on the mode of calculus formation. Many theories have been advanced and these fall into two main groups (Bibby 1935).

Physico-chemical precipitations:

Loss of carbon dioxide in solution from saliva causes a drop in acidity and a resulting precipitation of salts (Kirk 1911). Prinz (1921 and 1937) describes changes in surface tension of colloids following the change in acidity. Leung (1950) suggests that once an initial deposit has formed a fresh deposition would be expected

to occur on the same site due to the precipitating power of the initial deposit on the calcium and phosphorus in the saliva.

Table 1

ANALYSIS OF SUBGINGIVAL CALCULUS (Glock and Murray (1938))

INORGANIC MATTER	
$Ca_3(PO_4)_2$	79·97 per cent
$Mg_3(PO_4)_2$	3·77 per cent
$CaCO_3$	3·17 per cent
	82·9 per cent
ORGANIC MATTER AND WATER	
Protein	8·34 per cent
Fat	2·7 per cent
Water	6·04 per cent

Small amounts of Cu, Ag, Na, Sn, Zn, Al, Ba, Sr, and Cr have also been found

These papers refer to formation of salivary calculus and it is the following theories which account for seruminal deposition.

Smith (1930) showed that desquamated epithelial cells liberate an enzyme, (phosphatase), which causes hydrolysis of inorganic phosphates in saliva. Adamson (1939) incubated silk threads in saliva; one thread was soaked in phosphatase extracted from gingival tissue. After seven days deposits of calcium phosphate could be clearly identified in the treated thread. Wilkinson (1935) shows sections in which calcified cells are seen adherent to the root. Bass (1950) shows that the inner border of subgingival calculus is parallel to the zone of the disintegrating epithelial attachment and suggests a cause and effect relationship.

Bacterial precipitations:

Goodrich and Mosley (1916) considered leptotrichia were a causal factor in calculus formation. Bulleid (1924) prepared cultures of several mouth organisms in calcium broth and found that only in the one containing leptotrichia was a deposit of calcium phosphate obtained. Box (1942) and Zander (1953) have observed sections of calculus with thread like organisms present. Actinomyces Israeli are considered important by Citron (1945) who suggests that the alkaline phosphatase they contain may initiate calculus formation.

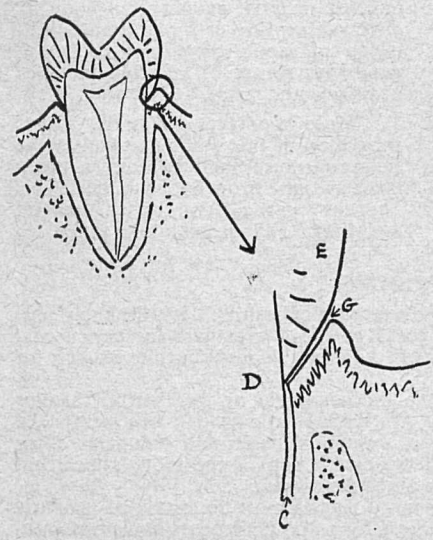


Fig. 1

Normal gingival sulcus showing potential space

EFFECT OF DEPOSITS

Salivary and seruminal deposits may be clinically indistinguishable when they cover both crown and root portions of a tooth. Supragingival calculus may form a ledge which prevents natural gum stimulation by food friction which leads to poor keratinization of the underlying epithelium. A favourable niche for bacteria and food stagnation is found where resistance to toxins is diminished thus leading to gingival

inflammation. Fig. 1 shows the normal gingival sulcus. The tissue reaction caused by subgingival calculus is a more severe and destructive type than the mild inflammation caused by exposed calculus. Submerged calculus is a source of constant irritation as the gingivæ are forced against the sides of the tooth during mastication. The deposits will abrade and damage the gingivæ inciting inflammation with subsequent swelling which increases the depth of the sulcus. This provides more space in which the mouth fluids may stagnate and mouth organisms proliferate. The superficial cells of the gingivæ become poorly keratinized and tend to undergo hydropic degeneration and slough. The environmental conditions are thus provided for deposition of calculus on the surface of the cementum in a constantly deepening gingival sulcus.

PERIODONTITIS

The inflammatory reaction gradually spreads into the deeper tissues, the epithelium of the pocket becomes eroded and when its continuity is broken down, the connective tissue itself becomes exposed to infection from the gingival sulcus. If this is not arrested, an ulcerative inflammatory lesion occurs at the pocket base, seen in Fig. 2.

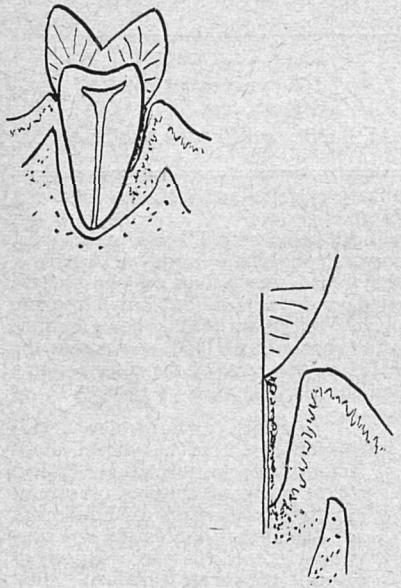


Fig. 2.
Diagram showing Subgingival Calculus with pocket formation. There is ulceration at the pocket base and leucocytic infiltration.

This is the typical progression of periodontitis "simplex" terminating with purulent exudate from the underlying inflamed connective tissue discharging into the deepened gingival sulcus. Waehaug (1952) described the deepening of a pocket caused by accumulation creeping closer to the periodontal attachment and the toxic effect of bacteria on the connective tissue fibres.

Eventual loss of the teeth is not the only reason for treating this disease. The protein decomposition and stagnation of food remnants increases the bacterial flora in the mouth. The inflammation makes the tissue more susceptible to acute infections. The infected material entering the body by direct absorption or by constant swallowing of septic saliva may become a dangerous source of infection in times of fatigue and stress.

More important still is the risk of inhalation of this septic material to the lungs with resulting lung abscess, bronchiectasis and bronchopneumonia. This happens particularly under general anæsthesia and in comatose states.

TREATMENT OF PERIODONTAL LESIONS

Cervantes said "To know disease is the beginning of health". It is the knowledge of calculus formation and its sequelæ which will lead to a cure for periodontal disease. Prevention of the initial deposit is the desirable ideal but the reasons for its deposition are still unsolved.

The different factors may contribute independently or together to calculus formation but until the complete cycle of events is known our treatment must unfortunately be haphazard. Removal of existing deposits and treatment of an existing inflammatory lesion may delay the destruction of the tooth attachment but will not necessarily prevent a recurrence of the disease.

Patients who have a tendency to gingival lesions must be examined regularly and given definite instructions in oral hygiene, for without adequate home treatment no other method will be of use. It is possible to compensate for many deficiencies in diet and function and keep the teeth free from calculus by correct brushing.

Merritt (1939) recommends a salt dentifrice for the removal of newly deposited soft calculus.

"The object of periodontal therapy is to produce firm, pink, well attached gingivæ with no crevices extending beyond a normal depth. There should be good gingival architectural form. The teeth should be firm in their sockets and should function without tenderness or movement. Radiographically an intact lamina dura should be present. There must be no focus of infection or inflammation" (Goldman 1949). He suggests this might be achieved by three phases: the treatment of ætiological factors, the correction of symptoms and the institution of procedures for the maintenance of health.

It is essential that the mouth as a whole be made clean and healthy by replacement of faulty fillings and badly fitting dentures. Tooth irregularity is corrected if possible and teeth ground to their correct occlusion. It is only then that the efficient treatment of a periodontal lesion can be effected.

REATTACHMENT OF PERIODONTAL MEMBRANE

Stones (1932) described the ideal treatment of pocketing caused by subgingival deposits. He aims at obliterating the pocket by obtaining a reattachment of the periodontal membrane to the cementum. The calculus is removed by curetting the exposed cementum, also the subgingival epithelium is carefully removed so that the underlying connective tissue is in direct apposition with the tooth. Blood between the tooth and bone is allowed to clot. If the operation is successful the blood clot undergoes organization and a layer of cementum is formed on the root of the tooth into which connective tissue fibres are incorporated. The depth of the crevice will then end at the point of formation of this new tissue. Stones shows microscopic sections of a case demonstrating this reattachment. He notes however that the arrangement of the new fibres is not normal and usually they are nearly at right angles to the cementum. An arrested pocket Fig. 3 may result.

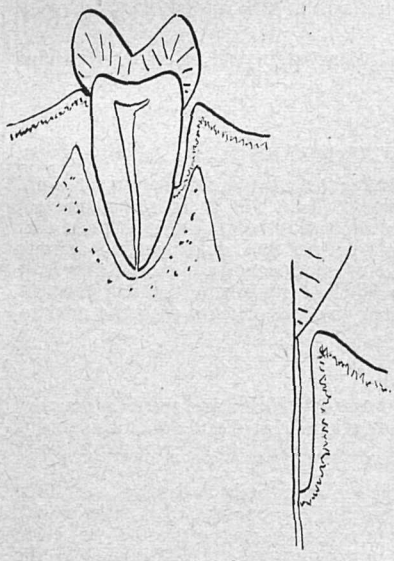


Fig. 3.

Arrested pocket with epithelialization to pocket base, wlth no ulceration.

Goldman (1949) suggests a flap operation under local anæsthesia to gain access to difficult pockets. He further believes that reattachment only takes place in an infrabony pocket, from bone to cementum.

THEORY OF SUBGINGIVAL SCALING

The curetting operation consists of completely scraping away all the calculus that is attached to the tooth surface. Some operators in order to remove completely all possible calculus endeavour to plane the cementum. Recent work by Trott (unpublished) indicates an attachment between calculus and cementum, which further indicates planing. After treatment the gingival tissue becomes its normal pink colour and bleeding disappears. Bodecker (1943) studied the post-operative results of scaling and termed this an "apparent" cure. Recurrence of inflammation is frequent and he explains it as being due to formation of new calculus re-establishing the previous irritation. He advocates the clinical practice of removing deposits at regular and frequent intervals with instruction to the patient in brushing and massage.

Stones (1941) and Bodecker (1943) both consider that in a pocket of over 2 mm. depth, which is not self cleansing, it is likely that disease will return. They therefore advocate gingivectomy providing that the alveolar bone supporting the roots has not been resorbed to more than half its depth. After gingivectomy any calculus that was previously subgingival is afterwards left above the new level of the

gum and it can be removed by a much simpler set of instruments than those previously required to remove deposits in a deep pocket. There is an easy access to the tooth crevices, and root surfaces can be thoroughly polished with complete eradication of the infection and afterwards kept clean by the patient. By this method Stones (1941) has abandoned the numerous instruments previously used and recommends one set for visible calculus and another set to remove the subgingival variety when the pocket and calculus is only up to two millimetres below the gingival line. Fig. 4 shows a useful instrument set. He states that this adds to the dexterity and speed of manipulation. Bodecker (1943) shows illustrations of normal subgingival scaling instruments superimposed on radiographs and histological sections. This demonstrates the grossness of size of the normal instruments used in relation to a minute flake of calculus.

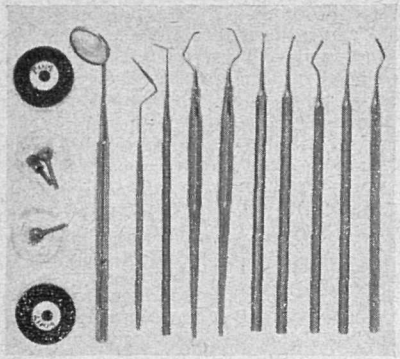


Fig. 4.

Armamentarium for scaling. Pumice, whitening, with brush and mounted cup. Mirror, Merritt calibrated probe, No. 6 probe. No. 7 and 8 Gracey curettes, files, periodontal hoes.

ODONTEXESIS

Odontexesis is the cleansing and polishing of the teeth and is a therapy for periodontal disease. The term prophylaxis is used for the prevention of periodontal disease and for the maintenance of periodontal health. The routine treatment may be divided into :

(1) Scaling and Polishing—the removal of supragingival calculus, mucinous plaques and materia alba.

(2) Conservative subgingival curettage.

REMOVAL OF CALCULUS BY CHEMICAL MEANS

Various chemicals have been tried to dissolve the calcium deposits on the teeth. However it is difficult to find a selective solvent which will at the same time not affect tooth structures. Stones (1939) studied the various chemicals and found that demineralization of the teeth was least when a ten per cent. chloroglucin-sulphuric acid was used. The cumulative effect of several treatments soon exceeds the limit and the tooth is attacked. He does not recommend its general use and keeps it reserved for thin layers of calculus. He uses vigorous friction with the acid to intensify its action.

SUPRAGINGIVAL SCALING

The operation of scaling is tiring to the operator's fingers and the inflammatory reaction of the gingivæ is troublesome for the patient. Hard and adherent deposits with tender gums which readily bleed are an indication not to attempt two sides of the mouth on the same visit.

The pain may be alleviated by using injection anæsthesia in cases of very deep pocketing. Topical anæsthesia may be of use in shallow pockets. All patients with rheumatic or congenital valvular disease undergoing scaling should be given penicillin as a prophylactic measure against subacute bacterial endocarditis as the procedure is likely to result in a transient bacteræmia.

Instruments for removing both types of deposits are designed to reach every surface of the teeth and the ability to select the instrument indicated for each position is only acquired by a method and by practice. The instruments should be arranged on the bracket table in such a manner as to be easily accessible and easily selected.

The operation should begin on the most posterior tooth of the mandibular arch to avoid obliteration of the operating site by blood and debris. Calculus must be looked for round the whole circumference of the tooth. The labial and lingual

aspects can generally be cleared in one or two strokes with a periodontal hoe. The mesial and distal sides together with the interstitial region can be cleared by a Younger scaler or by one of the three Jacquette scalers; these have a pointed blade. Hard flakes on the cemento-enamel junction may be removed by a gold plug trimmer or a Hirschfeld file. The instruments have a file blade and a pull stroke will remove the most stubborn adherent particles.

The tooth is polished by pumice in a rubber cup on the dental engine and is finished by a brush with whitening. Interstitially tapes may be used to remove any overlooked particles and floss silk passed through the contact area.

CONSERVATIVE SUBGINGIVAL CURETTAGE

A probe and explorer are first used to find the extent of pocketing in the tooth to be treated (Fig. 5) and also the amount of calculus on the tooth. It is likely that much of the subgingival calculus has already been removed if a thorough method of scaling has been adopted and the hoes were used beneath the gingvial margin of the tooth.

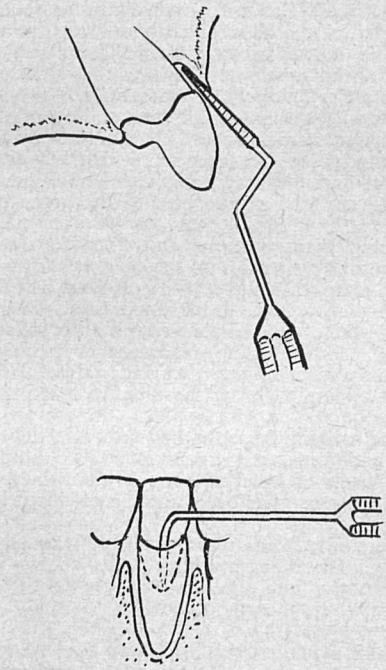


Fig. 5.

Merritt and No. 6 probes in use.

The blunt probe with a straight blade about one half-inch long is used to find the depth of pocketing. A lesion may be found where the gingivæ appear clinically normal and disease might otherwise have been overlooked. The calibrated probe designed by Arthur Merritt enables the depth of pocket to be read directly in millimetres. Care must be taken that the probe is not stopped by a mass of calculus and a false reading obtained. This may be prevented by pressure against the soft tissue outer wall so that the instrument will slide over any deposit on the root. Tactile sense will determine whether calculus or the fundus of the pocket is being met.

The probe may also be used to discover residual calculus or irregular root surfaces. Miller (1950) recommends a specially designed explorer but a sharp probe may be used and will jump when calculus is discovered. The differences in anatomy of the cemento-enamel junction must be remembered and the jump from cementum to dentine or enamel must be diagnosed.

CURETTES

Many curettes have been designed for subgingival scaling. Two Anterior Scalers No. 13 and 14 and two Universal ones 17 and 18 are commonly used but sets have been made such as the Gracey instruments to reach every part of the mouth. Cross (1951) advocates the McCall set of curettes. The curette has a slender shank so that it enters the pocket with the minimum of tissue distention. It is not springy, however. In section the blade is 0·5 mm. thick, the face 1 mm. wide and its back 0·6 mm. wide. The actual cutting edge formed by the face and sides of the blade make a 70° angle. At the terminal end of the blade the face forms a semicircle.

Curettes for the anterior part of the mouth have a straight shank between the first and second angles and have a short blade making a fairly sharp turn from the shank. This design favours their use on anterior teeth since the circumference of these are small. The Universal or posterior curettes have their blades on a longer radius. The curettes are in pairs for opposite sides of a tooth and are used with the blade curving around the root surface. The face makes an angle of about 70–80 degrees to the surface being scaled. The choosing of the proper curette may at

first present difficulty and in the posterior molar region it is often necessary to use the same instrument for distal as mesial. Where the teeth are close together making curettage of the interproximal surfaces difficult the curette is inserted interproximally so that the face lies against the proximal surface to be scaled. The blade is pushed in a buccolingual direction using the end of the blade in the same manner as a watch spring scaler.

(To be concluded)

TO THE WEST INDIES IN "THEODORA"—III.

DECEMBER, 1958

10th December. Sailing in the Trade Winds when they blow as they were meant to is an experience that at times produces sensations so overwhelming as to be practically insupportable. The thrilling rush of the down-tilted bowsprit, trailing a leash of foam from its chain bobstay ; the downward thrust of her stern as the forward-folded, ginger-beer wave crashes ahead under her bows ; the constant rumble of the wind; the hot sunshine on the Quink blue, diamanté water and the foam manes chasing each other in endless lines abreast; all these and countless other impressions beat on the senses like some cosmic orchestra. Similarly, lying jammed between the bowsprit and the bulwark on the foredeck, with the moon throwing the swaying, billowing squaresail and the ropes and spars into sharp relief overhead, against the swinging stars, must be a little bit like the peace of God.

We have almost finished the 2,700 mile crossing now, and hope to sight Barbados this evening. The procession of mid-day crosses on the chart has turned into a series of gigantic asterisks, as the captain piles star sight upon star sight to convince himself that we are where he hopes we are. Time has passed swiftly with taking the wheel, stripping and varnishing, the constant round with tallow and chafe pads where ropes and sails rub, talking, eating, reading and sleeping. Chafe is the most important factor in the running of the boat under these conditions; we will have rolled nearly half a million times by the time we reach the other side, and each time takes its toll.

It is very hot now, and the men bathe hanging from the bowsprit in a safety belt, with the boat plunging in pursuit and dunking them at intervals. Linda hops about in her bikini while we hurl buckets of water at her; it is a sobering thought that the only water we have shipped green has been water hauled out in buckets to throw at each other.

The weather has not all been fine; there have been quite frequent rain squalls, especially in the first half of the crossing. The other morning I was dozing in my bunk, when the skipper called me up to give him a hand. It appeared to be raining, so I pulled on an oilskin and started up the companion.

"Got a knife ? " he asked.

"Eh ? No". I replied. I groped round, found one and followed him, bleary and obedient, up to the fore deck. I was dimly aware of acres of sea and wet, floppy sail.

"Cut that". I cut it, and the squaresail descended on my head. I struggled out, but it was not for some minutes that it occurred to me to ask him just what was the purpose of this pantomime. Apparently we had been hit by a squall in which the wind direction had changed through 180°; naturally we had run before it to avoid being taken aback, and were driving through what had been the following swell, in danger of taking a lot of water aboard. It was essential to lower the square-sail, but the centre sheet had jammed and had to be cut. During the next hour of pouring rain, the boat could be kept before the wind by the close reefed mainsail normally used for steadying, and she gradually came back on course.

While in Barreiro we acquired a small, black, half-starved and very wild, cat. She is called Nicolette, after an unexpected change of sex, and has become so much part of the scene that she deserves special mention. She is almost the ideal ship's cat; she uses her sand tray most of the time and the sail-locker only occasionally, spends the day galloping around the deck with a frenzied expression beating up any ropes ends or ankles that happen to be lying around, and she makes a pleasant bunk-fellow, apart from a tendency to launch sudden and unprovoked assaults on your armpit in the middle of the night. She has yet to be broken of

his habit, in spite of the roar of pain and terror that invariably ensues. She can eat a whole flying fish at a sitting, ticking like a meter if disturbed, and then will spend two hours flat on her back with all her feet in the air until the effects have worn off.

10th November. The lights of Funchal condensed, formed into patterns on the hillside, dimmed and finally disappeared as we slid out of the bay. We had had a splendid time, being looked after by two of the most delightful families you can imagine, the Blandys and the Zinos, friends of members of our crew. The Blandys came to dinner and brought a passion-fruit mousse (straight from paradise) and the Zinos drove us round the island with a picnic, and then gave us all tea, supper and baths.

12th November. Forty hours under full sail brought us to Las Palmas in Gran Canaria, a bleak pile of lava and volcanic ash after lovely, lush Madeira. We sailed right in amongst the piers and fishing boats and dropped anchor alongside *Dayspring*, another old English yacht that was making the same crossing. The harbour is unfortunately fouled with oil fuel as this is a major oiling port for the ships to and from Africa, but it is very well stocked with delightful and decrepit sailing trawlers. The yacht club is a beautiful place, and was very helpful to us, though perhaps better designed for the landward than the seaward side of yachting. There was a wall by a coal wharf where we could lay alongside and touch up the anti-fouling; this was a cold and dirty job, but was completed between the tides. In the course of applying some grease aloft, I dropped the tallow bucket over the side while we were lying at anchor into three fathoms of water. It could not be found with flippers and goggles but it so happened that *Dayspring* had half a dozen aqualungs, and they lent me one, so that I was able to take a closer view of the harbour bottom; that, fascinating though it was, failed to reveal the missing bucket, even after twenty minutes assiduous search.

Here again we found friends, the Parks, who drove us round for a hilarious bathe and picnic at the Southern end of the Island. We returned, exhausted, to the bathing tents, to find the sand literally groaning with good things, which we fell upon until we were incapable of further motion. They even went so far as to lend us their attractive eighteen-year-old daughter for a day or so.

21st November. Eventually we were almost ready to set off, after rigging the squaresail and all its accoutrements, so, rather to our surprise, we set sail. What was left of our fore-and-aft canvas was sufficient to see us to the Southern tip of the island, and then we hoisted the large, tanned flax squaresail that has drawn us along so well since. The starboard stunsail did not prove a success as it carried away within a quarter of an hour of setting, due to the heavy rolling.'

* * * * *

That returns us to the present; Barbados has just appeared fine on the starboard bow, a small, blue lump on the horizon. This marks the opening of the next phase of the story, in which it is hoped to charter the boat after spending Christmas at Antigua, and I am applying for a job at U.C.H. in Jamaica for three months. Let us hope that they will have a vacancy, and that the chartering will be a success.

C.H.S.

PEDAGOOGLY.—XIII

(To the tune of the Skye Boat Song) :

My pubis is too near my navel,
My navel is too near the floor,
Tabs. thyroid my glands would unravel
And I should start growing once more.
Chorus: Bring back, bring back, bring back
my thyroid to me, to me ;
Bring back, bring back, bring back my thyroid to me.
My tongue and my tum are obtrusive,
My I.Q. implies I'm a fool,
With thyroid I could be effusive
And go to an E.S.N. school.
Chorus: Bring back, bring back, bring back
my thyroid to me, to me ;
Bring back, bring back, bring back my thyroid to me.

CORRESPONDENCE

Letters to the Editor of the Gazette

Landon Tea Party

SIR,—One more Landon Tea Party has come and gone, and what a happy noisy one ! May I express my thanks to all who contributed money, toys, sweets, Christmas trees, etc.

One of the highlights of the afternoon was a film show, kindly provided by the Rank Organization. Lastly, may I say how very indebted we are to the kind and clever people who gave the one-hour entertainment, Mr. Yetman and Mr. Bullock were marvellous with song, conjuring and Punch and Judy. Sister Bennett played the piano loudly enough to be heard above 250 very loud voices !

Mr. Huddy's dashing dances were watched with considerable delight. What a handsome Father Christmas Mr. Evans made !

Again, "Thank You".

Yours etc.,

DORIS CHRIMES,
Out-Patient Sister.

Guy's Hospital, S.E.1.

Guy's Employees' Association

SIR,—We would like to inform your readers that the Guy's Employees' Association has been re-formed. A very successful dance was held in the Students Club Rooms on Saturday, 3rd January, 1959, and this was very well supported, all the tickets being sold several days beforehand, causing disappointment to many.

Our future events will be announced shortly and all employees are urged to join the Association, the annual subscription being five shillings.

Yours etc.,

H. W. VINCENT,
Secretary, Guy's Employees' Association.

Guy's Hospital, S.E.1.

REVIEW

Chronic Bronchitis, Emphysema and Cor Pulmonale. By C. H. STUART-HARRIS M.D.(Lond.), F.R.C.P. and T. HANLEY, M.D.(Lond.), M.R.C.P. John Wright & Sons Ltd. Pp. 252. 61 Illustrations. *Price* 42*s.*

This monograph produced by the department of Medicine of the University of Sheffield deals with diseases which are responsible for much loss of work, often leading to one of the most distressing if undramatic causes of death. The condition is so common in the industrial areas of this country that it is only too easy to regard it as a hopeless chronic disease which will always be with us. The present volume does much to alter this view.

Professor Stuart-Harris and his colleagues define chronic bronchitis and trace the clinical and pathological course of the disease through emphysema right to heart failure. They describe in a clear chapter the abnormalities found in pulmonary function tests. The chapter on treatment is excellent, based on the information available in the preceding chapters. Therapy of debatable value, such as digitalis in cor pulmonale, is fully discussed, and the ill-appreciated dangers of oxygen therapy are again emphasized.

The final chapter deals with epidemiology and pathogenesis of chronic bronchitis. This chapter goes a long way to emphasize the importance of prevention, calling once again for energetic measures on abolition of atmospheric pollution.

Much of the information in this book will be common knowledge to many and particularly to the General Practitioner; much, however, will be new. The style and production of the book makes what many may regard as a dull disease into a most stimulating challenge in prevention and treatment. A book well worth reading.

T.R.L.F.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

1st MARCH, 1959

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on 1st March, 1959.

Assistant House Surgeons (*Pre-Registration*) 3
The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post pf Casualty Officer (Surgical) or will remain as A.H.S.
These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3
The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Medical) or will remain as A.H.P.
These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Casualty Officers (*Pre-Registration*) 5

House Surgeons (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

Resident Obstetricians 2
(1 *Pre-Registration*)
(1 *Pre- or Post-Registration to commence on* 1.5.1959.) 2

Throat and Ear and Ophthalmic House Surgeon (*Pre-Registration*) 1
(Three months at Guy's Hospital followed by three months at New Cross Hospital for E.N.T. duries only.)

Neurological House Physician 1
(*Post-Registration*)

Children's House Physician (*Pre-Registration*) 1
(Second six months candidates only.)

House Physician to the Department of Experimental Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) .. 1

House Physicians in the York Clinic .. 2
Post-Registration S.H.O.).
(to commence on 1.4.1959).

Resident Anaesthetists (*Post-Registration*) .. 1
(*Post-Registration*) (S.H.O.) 1

The Medical Committee will also consider applications for posts at outer hospitals as follows:—

JOYCE GREEN HOSPITAL, DARTFORD

House Physician (*Pre-Registration*) .. 1

NEW CROSS HOSPITAL

House Physician (S.H.O.) 1
House Surgeon (General Duties) .. 1
(*Pre-Registration*)

ST. JOHN'S HOSPITAL, LEWISHAM

House Surgeon (*Pre-Registration*) .. 1
(to commence on 8.3.1959)

SEAMEN'S HOSPITAL GREENWICH

House Surgeon (*Pre-Registration*) .. 1

THE SOUTHERN HOSPITAL, DARTFORD

House Physicians (*Pre-Registration*) .. 2

PEMBURY HOSPITAL

House Surgeon (*Pre-Registration*) .. 1
Orthopaedic House Surgeon 1
(*Pre-Registration*)

ORPINGTON HOSPITAL

House Surgeon (General Surgery with Orthopaedics) (*Pre-Registration*) .. 1
House Surgeon (General Surgery with Gynaecology) (*Pre-Registration*) .. 1

QUEEN MARY'S HOSPITAL, SIDCUP

House Physician (*Pre-Registration*) .. 1
House Surgeon (*Pre-Registration*) .. 1

LEWISHAM HOSPITAL

House Surgeon (*Pre-Registration*) .. 1

Applications, giving choice of post and choice of hospital, in order of preference, should be lodged in the Superintendent's Office, not later than **Saturday 31st January 1959.** Candidates who apply for appointments at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians, should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES.

Pre-Registration candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time, in order to avoid delay in obtaining a post. A number of recognized posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only and not a Medical post.

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Senior Registrar in the Department of Child Health** with appointment from 1st April, 1959, to 30th September, 1960, in the first instance. Applicants should hold a higher qualification and should write in for the necessary form of application to the Superintendent, which should be lodged, with the names of three referees, not later than **26th January, 1959.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1.

Applications are invited for the post of **Resident House Physician** (with Casualty Duties) for six months from 1st March, 1959. Appointment recognised for the D.C.H. Candidates must be registered practitioners, and should apply giving age, nationality, qualifications (with dates), and copies of three recent testimonials, to the Hospital Secretary by first post **on 30th January, 1959.**

APPOINTMENTS

Mr. R. A. J. Mayhew, B.D.S., F.D.S.R.C.S., has been appointed Senior Lecturer in Dental Surgery at King's College Hospital Dental School and Honorary Dental Consultant at King's College Hospital, Denmark Hill.

Dr. R. E. Irvine, M.D., M.R.C.P., has been appointed Consultant Geriatric Physician and Physician Superintendent to St. Helen's Hospital, Hastings.

Dr. Gavin Thurston, M.R.C.P., has been elected Hon. Editor of the *Medico-Legal Journal*.

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Faculty of Anaesthetists

Primary Fellowship Examination

B. R. P. Murray D. S. Robertson

NURSING NEWS

Entered :

Sister Calthorpe from Children's Ward to *Evelina.*
S/N L. Culley to *Theatres.*
S/N P. Bisley to *Theatres.*
S/M S. Datt to *Victoria.*
S/M E. Obi to *Victoria.*
S/M C. Grant to *Nuffield D.*
S/N S. Stanton to *Caleb.*
S/N M. E. Jones to *O.P.D.*
N/N J. Fry to *Victoria.*
S/N J. Andrews to *New Cross Theatres.*
S/N P. Wardrop transferred from New Cross to *Main Theatres.*

Left :

Sister L. Bishop from *Victoria.*
Sister S. Skinner from *Theatres.*
Sister B. Hastings from *Theatres.*
S/N Blackwell from *Evelina.*
S/N F. Smith from *O.P.D.*
S/N E. Howard Allen from *Surgery.*
N/N P. Robinson from *Victoria.*
N/N J. Brott Suttle from *Victoria.*
S/N A. Burnside from *Lydia.*
S/N E. Carlton from *Theatres.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Atkins, H. J. B. The Three Pillars of Clinical Research. *Brit. med. J.*, 1958, ii, 1547.

Bearn, A. G. Discussion on Wilson's Disease. *Proc. R. Soc. Med.*, 1958, **52** 61.

Burn, J. H. and another. The Depressor Action of Dopamine and Adrenaline. *Brit. J. Pharmacol.*, 1958, **13**, 471.

Davison, A. N., Dobbing, J., Morgan, R. S. and Payling Wright, G. The Deposition and Disposal of (4-^{14}C) Cholesterol in the Brain of Growing Chickens. *J. Neurochem.*, 1958, 3, 89.

Douthwaite, A. H. The Use and Abuse of Multivitamin Preparations. *Practitioner*, 1959, **182**, 74.

Emslie, R. D. and another. The Microhardness of Roots of Teeth with Periodontal Disease. *Dent. Practit.*, 1958, **9**, 101.

Epstein, S. S. and another. A Case of Primary Diphtheritic Otitis Media. *J. Laryng.*, 1958, **72**, 1001.

Hilton, S. M. and another. Vasodilatation in the Tongue and its Relationship to Plasma Kinin Formation. *J. Physiol.*, 1958, **144**, 532.

Horton, R. E. and another. Recent Developments in Cardiac Surgery. *Med. J. South-West*, 1959, **74**, 6.

Joseph, J. and Thomas, G. A. The Behaviour of Autografts of Ileum Transplanted into the Urinary Bladder in Rabbits. *J. Anat.*, 1958, **92**, 551.

Kark, Robert M. A Prospect of Richard Bright on the Centenary of his Death, December 16th, 1858. *Amer. J. Med.*, 1958, **25**, 819.

Rake, Geoffrey and others. A Study of Streptococcal Infection in a School Population: Laboratory Methodology. *Ann. intern. Med.*, 1958, **49**, 1320.

Ribeiro, Ayres L. A Study of the Antiquities in Relation to Medicine, Surgery and Gynaecology. *Med. Proc.*, 1958, **4**, 198.

Rose, J. S. Atypical Paths of Eruption: Some Causes and Effects. *Dent. Practit.*, 1958, **9**, 69 (Trans. B.S.S.O.).

Whitaker, B. L. A Case of Embryonic Sarcoma of the Bladder in an Infant. *Brit. J. Surg.*, 1958, **46**, 289.

Witts, L. J. Haematology: Introduction. *Bull. med. Bull.*, 1959, **15**, 1.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

To Let

W.8. FURNISHED S/C BALCONY FLAT Two large rooms, kitchenette, bath, C.H.W., Telephone, refrig. To let April, May, June—8½ gns. p.w. Box No. 164.

Required

FURNISHED OR UNFURNISHED FLAT, N.W.1, 2, or 3. 2 Bedrooms, kitchen, etc. Box No. 165.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

Mrs. A. Bulleid, 8, Montpelier Court, Montpelier Road, Ealing, W.5. (Perivale 2881).

R. E. Irvine, M.D., M.R.C.P., Rothesay, Clyde Road, St. Leonards-on-Sea, Sussex. (Hastings 740).

A. G. Parks, M.D., M.R.C.P., F.R.C.S., Surgery: 16, Devonshire Place, London, W.1. (Wel. 2825). (Home: Freemantle 5675).

BIRTHS

GRAY.—On 17th December, 1958, to Joan (nee Hill, S.R.N.), and Kenneth Gray and Crighton, Blundells Avenue, Tiverton, Devon, a son, Nigel John.

LANEY.—On 6th January, 1959, at Guy's Hospital, to Joyce (née Moss), wife of Donald Laney, B.M., B.Ch., a son (Timothy).

DEATH

LLOYD.—On 22nd December, 1958, Evan Thomas Lloyd, M.R.C.S., D.P.H., late M.O. Ministry of Supply, at Empton, Kington, Herefordshire.

EDS. { J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1840 31*st January* 1959 *One Shilling*

PASSIM

THE Brains Trust of the B.B.C. were asked, last Sunday, to comment on a phrase overheard in the Piccadilly Underground station: "My mother always says 'Be meek' ". The meaning of the word *meek* was swiftly dissected into its constituent parts; it was applauded in its sense of a philosophical acceptance of adverse or benign circumstances, and it was roundly condemned in its meanings of cowardice in the face of tyranny, and of apathy and inactivity in important matters. When the Students' Club called an extraordinary general meeting to consider the suggested constitution for amalgamation with the Students' Union, it seemed fair to urge that all who could do so should attend to register their opinion. The pathetic attendance reflects upon the common sense of the students here. Some could not attend—at least one round and one Outpatients session ran over the time set for the meeting. Others did not know when it was to be held—the publicity was not good. The others who did not attend can only have stayed away because of their inherent "meekness". Those who were unable to face those masters of the universe, the tyrannical officers of the Students' Club, are to be sympathized with; the referendum now arranged will allow them to register their opinion in safety, and will ensure that a larger number of voices is, tardily and metaphorically, heard. To the philosophical among us, we suggest that it might have been pleasant to go to the meeting and accept philosophically the welcome given to their own opinions; this pleasure is still available to them, though attenuated, alas, in the referendum described elsewhere in this issue. This leaves only the apathetic students, whose number is, of course, inconsiderable. As always, when some trouble is taken on their behalf by members of the staff and by their elected representatives, the students of Guy's will leave their eighth pint, their fourth newspaper, their third coffee, even their first love, to register an informed opinion on the matters presented for their consideration.

We offer our sincere congratulations to Dr. T. R. L. Finnegan, the Clinical Tutor, upon his appointment to be Consultant Physician at Derby.

We wish "bon voyage" to Mr. and Mrs. W. D. Doherty, who are leaving to spend three months in South Africa. This is hardly an "away" fixture, for our ambassadors will find several fifteens of Guy's men on their own ground, but we wish them a happy and a sunny holiday.

We were very pleased to hear that a dinner was given recently by twenty-five past and present members of the E.N.T. department at Guy's in honour of Mr. W. M. Mollison, and to mark his 80th birthday. Mr. Mollison was first appointed to the staff in 1910, and in 1912 he and Mr. T. B. Layton became the first ear, nose and throat surgeons to the Hospital. He retired from the staff in 1938, but was elected to the Council of Governors of the Medical and Dental Schools in 1940, and has continued to play an active part in the affairs of the Hospital. On behalf of all Guy's men we offer him our congratulations.

The Royal Society of Arts awards the Swiney Prize every five years, alternately for medicine and for law, "for the best work on medical jurisprudence". The decennial award for medicine has been made to Dr. C. Keith Simpson for his book "Forensic Medicine", in its third edition. The prize consists of a silver cup and £100. We heartily congratulate Dr. Simpson upon this award ; it is a pleasant coincidence that it is exactly one hundred years since the prize last came to Guy's, for Alfred Swayne Taylor's "Principles and Practice of Medical Jurisprudence". This book appeared in its eleventh edition in 1937, under the editorship of Sir Sydney Smith and Dr. Simpson, in the same year as the first edition of the book which has now succeeded it in winning the Swiney Prize.

The British Medical Association organizes an annual film competition, in which there is a commercial and a private category. In this second category, the prize for 1958 has been awarded to the film "Treatment of Cardiac Arrest", made at Guy's by Mr. C. E. Engel, under the direction of Sir Russell Brock. It is a 16 mm. colour film with a commentary spoken by Mr. Frank Phillips, and runs for seven minutes. The medical adviser for the film was Mr. D. N. Ross, and Miss Sylvia Treadgold drew diagrams and titles for it. Deliberately didactic, it is intended for showing to junior house officers, and is an excellent production of which Guy's can be proud.

We congratulate Mr. A. M. Pollard, a Guy's dentist, upon his award of the O.B.E., in the New Year's Honours, for exceptional services in the Protectorate of Zanzibar.

We note with pleasure that Dr. C. Bishop, now at New Cross, has been appointed Senior Registrar to the Department of Anaesthetics, and we welcome his return to Guy's.

January 22nd saw the first treatment by supervoltage given at Guy's, when the cobalt unit under Hunt's House was switched on. We hope to publish an account of this important new step in the not too remote future.

Mr. H. W. Johnson, who was for many years Lecture attendant in the Medical School, died on Christmas Eve. We offer our sympathy to his family.

After many weeks of casting about for a solution, the powers have decided the fate of the Surgical take-in firm. The erstwhile take-in living room and kitchen will soon house the machinery of the new telephone exchange, and the ward clerks' and dressers' bedrooms will house the operators. The dressers now sleep in the A.H.S's room, while he has moved to the lower half of the registrar's flatlet in Outpatients. The ward clerks now sleep in the College. The principle of a living room for the surgical firm was stoutly defended by several important persons, and the present room is to be replaced by a rather cramped basement in Salomons' Centre, which is being rapidly decorated. Since the splendid new quarters in New Guy's House are only fifteen months away, it seems that the best possible solution has been found for the problem. It will inevitably cause regrets among the surgical firms on duty during the interim, but could not be settled otherwise, because of the G.P.O's need to instal the exchange a year before New Guy's House opens.

We have been haunted during the last fortnight by visions of *Gazette* readers engaged in impossible musical gymnastics as they attempt to hum, sing, or chant our last "Pedagoogly" to the tune of "The Skye Boat Song". In one instance the mental tension induced has required epistolatory catharsis, and as our correspondent points out the verses are intended for the tune of "My Bonnie Lies over the Ocean". We, in the course of extensive experiment, also discovered that it runs quite well to "Onward, Christian Soldiers".

GUY'S DIARY

JANUARY			Exhibition. Department of Surgery. *Fractures of the Upper Limb.*
31st			Rugby. 1st XV v. London Irish. (H.O.P.)
FEBRUARY			Exhibition. Department of Surgery. *The Acute Abdomen.*
2nd	M	1.00	Dr. E. J. Moynahan. History of Medicine—Part 1. *Antiquity of Disease and the beginnings of Medicine.* (*1*).
3rd	T	1.00	Dr. E. J. Moynahan. History of Medicine—Part 1. *Medicine in Antiquity to the Greek Achievement.* (*2*).
5th	Th	1.00	Dr. E. J. Moynahan. History of Medicine—Part 1. *The Heirs of Greece.* (*3*).
6th	F	1.00	Dr. E. J. Moynahan. History of Medicine—Part 1. *The Decline of Science and Medicine.* (*4*).
		1.00	Mr. R. D. Emslie. Dental Clinical Lecture. *Foetor Oris.*
7th	S		Rugby. 1st XV v. Coventry. (H.O.P.)
9th	M	1.00	Dr. L. Forman. Clinical Lecture. *Abnormality of Skin Colour.*
10th	T	1.00	Mr. P. V. Reading. Clinical Lecture. *Laryngeal Obstruction.*
12th	Th	1.00	Mr. L. Willmore. Clinical Lecture. *Disorders of Speech and Language, Illustrated by Recordings.*
14th	S	10.00	Mr. S. H. Wass. Departmental Round. Clinical Theatre. Rugby. 1st XV v. Metropolitan Police. (Imber Court).

OBITUARY

ANN HELEN LESLIE, S.R.N.

We announce with regret the death of Miss Ann Leslie, who was killed instantaneously when the car which she was driving overturned in Kenya, on Boxing Day. Miss Leslie trained at Guy's Hospital from December, 1950, until December, 1954. Last August, after spending two years at the Royal East Sussex Hospital as a Staff Nurse, she went out to nurse in Kenya. A memorial service was held at the Royal East Sussex Hospital, Hastings, on Tuesday, 6th January, 1959. To her parents we extend our deepest sympathy.

K.M.H.

NOTICES

SUGGESTED AMALGAMATION OF STUDENTS' CLUB AND STUDENTS' UNION

At the Extraordinary General Meeting of the Students' Club on 22nd January, 1959, which had been called to discuss the above matter, only about 20 members were present. It was, therefore, decided that the question and form of amalgamation could not be properly discussed and that a referendum should be taken in the hope of obtaining the views of the majority of the members of the Club.

For the purpose of the referendum a ballot will be held on Thursday and Friday 12th and 13th February, 1959. Ballot boxes and voting papers will be available on both days between the hours of 9 a.m. and 6.0 p.m. in the Medical and Dental Schools, the College, the Students' Club, and the Locker Room off the Front Quadrangle.

The voting papers will take the following form:—

(1) Are you in favour of amalgamation between the Students' Club and Students' Union ? Answer 'Yes' or 'No'.

(2) If in favour of amalgamation, do you agree with the suggested Constitution as published in the *Gazette* of 3rd January, 1959 ? Answer 'Yes' or 'No'.

(3) If in favour of amalgamation but not in agreement with any part of the suggested Constitution, please indicate the sections you do not approve and state briefly your suggested amendments.

S. H. WASS,
President, Guy's Hospital Students' Club.

MISS EMILY MACMANUS

Miss Macmanus wishes to thank her Guy's friends for the many cards and notes of remembrance that she has received this Christmas. May they have much happiness and blessing in 1959.

Pontoon, Foxford,
Co. Mayo, Eire.

GAZETTE SUBSCRIPTIONS

Readers are reminded that the Annual Subscription to the "Gazette", 12/6 per annum, post free, is due for 1959.

Will those who have not already done so kindly forward the same to the Manager, "Gazette" Office, Guy's Hospital, S.E.1.

SOME COMMON ABDOMINAL EMERGENCIES IN CHILDHOOD

By REX LAWRIE, M.D., M.S., F.R.C.S., M.R.C.P.

A Clinical Lecture delivered at Guy's Hospital on 24th July, 1958

It is first necessary to define and limit the scope of this lecture. There are some medical emergencies about which I propose to say little. These include gastroenteritis, food poisoning, drug poisoning, for example from eating a great many tablets, and poisoning by corrosives.

Henoch's purpura gives acute abdominal symptoms for which a surgeon is called in. There may be extreme abdominal pain and tenderness with vomiting and bloody diarrhoea; the child is obviously ill and the diagnosis may be betrayed by superficial purpuric spots. In one such case at the Evelina, I was persuaded to open the abdomen and found that about a foot of the upper jejunum was thickened and turgid, and its serosa was brick red; there was also some blood-stained peritoneal exudate. A small incision into the wall of the affected bowel showed that the thickening was mainly due to a condition of gross oedema of the subserosa. The abdomen was closed and the abdominal symptoms gradually subsided.

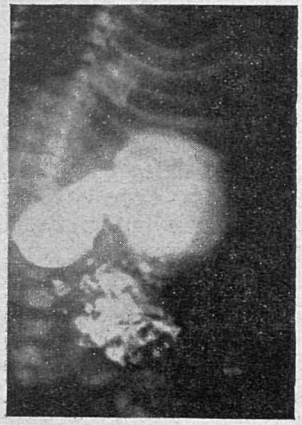


Fig. 1

Duodenal stenosis. Typical bilobed appearance of barium meal radiograph.

Neonatal Obstruction will not be fully described, but we have had examples of most of the usual causes: atresias of the duodenum (Fig. 1), jejunum, colon and rectum; intestinal malrotation and volvulus; and meconium ileus. We have not had an instance of neonatal obstruction due to Hirschsprung's disease.

Swallowing foreign bodies either by mistake or on purpose becomes an important pastime in childhood, particularly at the ages of one, two and three. In the textbooks there are long lists of objects which have passed successfully, which can be consulted when in doubt, but in general it is safe to say that regardless of the size of the child, most objects which reach the stomach pass spontaneously. Those which fail to do so are held up usually in the curve of the duodenum, but occasionally in the appendix or at a congenital stenosis of the intestine. Operation is indicated chiefly for sharp objects such as needles and open safety-pins, and where the surgeon or the parents become anxious or impatient with the lack of progress that is being made. It is as well to know that it can be quite difficult to find even a large object such as a kirbigrip in the stomach; it may

drop back into the fundus as the child lies on the operating table and be relatively inaccessible, and even when it is known to lie in the duodenal loop it may be difficult to find.

The three main abdominal emergencies with which we are concerned today are *appendicitis*, which is far the commonest, *strangulated inguinal hernia* and *intussusception*. Rammstedt's operation for pyloric stenosis is not an emergency.

Acute Appendicitis

This condition begins to appear before the age of two, and thereafter becomes increasingly common and also easier to recognize. In tiny infants the symptoms and signs can easily be mistaken, and it is uncommon for it to be recognized before the stage of diffuse peritonitis.

Two principal pathological types are seen, as in adults: the *non-obstructive*, frequently associated with acute tonsillitis—which may be streptococcal; and the *obstructive*, usually caused by impaction of a faecolith against a stricture or kink produced by a previous attack.

As in adults the *clinical features* can frequently best be evaluated against the standard of "Murphy's pentad" (pain, vomiting, tenderness, fever and leucocytosis, appearing in that order). It is sometimes possible and extremely valuable in a typical case, to find periumbilical colicky pain which subsequently shifts to the right iliac fossa, where there is tenderness and guarding; or to notice that early or persistent vomiting frequently indicates an obstructive appendicitis, and that the vomiting ceases when gangrene supervenes.

It is also interesting to note that headache and rigor are very uncommon in appendicitis and that the rectum is usually empty; if it is loaded the symptoms are more likely to be caused by constipation than appendicitis. In an early case the temperature is usually about 99 degrees; in a late case with generalised peritonitis it may be as high as 102 or over. A high fever with a short history is usually caused by something else for example, acute pyelitis, tonsillitis or the onset of one of the exanthemata.

However, it is also most important to realize that many cases are atypical, and it is at least equally disastrous to fail to make the diagnosis in an atypical case. I believe the most valuable safety measure is to adhere strictly to a very simple rule of thumb which is: "In a case with a suggestive history, if there is definite tenderness in a position where the appendix might lie, the diagnosis is acute appendicitis and appendicectomy must be performed without delay". It is essential to follow this rule strictly and not be put off by any misleading or irrelevant findings; it is as well to know that appendicitis and acute tonsillitis are frequently seen together and in a child with acute tonsillitis it is unwise lightly to dismiss vomiting and abdominal discomfort as being merely manifestations of the tonsillitis. There is also an association between measles and acute appendicitis: appendicectomy has frequently been performed for the symptoms of the onset of measles, and I have heard of a case where Koplik's spots were found on the mucosa of the appendix. Acute appendicitis is also a well-recognized complication of the convalescent

stage of measles. Less frequently it is seen in association with the other exanthemata.

Right sided pneumonia and diaphragmatic pleurisy may lead to grave difficulty on account of vomiting and right sided abdominal rigidity; the temperature tends to be higher than would be expected in an early case of appendicitis. In addition to the clinical resemblance the two conditions not infrequently co-exist. It is therefore necessary to diagnose acute appendicitis in any such case with tenderness and guarding in the right iliac fossa, regardless of the state of the lungs and chest: appendicectomy will not kill in most cases of pneumonia, but neglected appendicitis is bound to be adverse.

Two other types of child in which the diagnosis may be difficult are those who cry all the time, so that it is difficult to tell if there is any localised abdominal tenderness; and those who refuse to admit to any pain anywhere—perhaps hoping that they will be sent home and avoid having an operation. In both these the objective evidence of a leucocytosis may be of real value.

"Acute Mesenteric Lymphadenitis" must be mentioned in the differential diagnosis. In some circumstances when acute appendicitis has been confidently diagnosed, operation reveals a normal appendix, but gross enlargement of the mesenteric lymph nodes in the ileo-caecal region. After operation, the clinical evidence of infection more or less rapidly subsides, and the case is then diagnosed in retrospect as one of acute mesenteric lymphadenitis—no precise implication as to the aetiology or pathology. There is no objection to applying such a label on the basis of the findings at operation; but it is very unwise and dangerous to try to differentiate clinically beforehand acute appendicitis from acute mesenteric lymphadenitis, and then only operate upon the former. This cannot be done with accuracy, and the penalty of making a mistake is disaster.

Fig. 2.

Appendicectomy. Postoperative wound abscess which would have been obviated by drainage through the incision. An ineffective stab drain was made below the incision.

Infection of the urinary tract is usually fairly easy to diagnose clinically and can be confirmed by examination of the urine; note, however, that a few red cells and leucocytes are often found in the urine on microscopy in cases of appendicitis—perhaps because the inflamed appendix is lying in contact with the right ureter.

Early and mild cases present a clinical problem: it is not possible to say whether such a case will progress to gangrene and peritonitis within a few hours, or as rapidly subside. There is only one safe course: to re-assess them every two or three hours until the diagnosis of acute appendicitis can be either established or safely discarded. This programme is usually best carried out in hospital, where tem-

perature and pulse charts can be kept and serial white counts performed if necessary. The position is usually clear within six hours, but even where the symptoms rapidly subside under observation in hospital the child is not infrequently re-admitted a few weeks later with gangrenous appendicitis—implying that the previous attack also was one of appendicitis.

The treatment for the vast majority is appendicectomy, performed through a gridiron incision within an hour of making the diagnosis. In the *early case* the abdomen is closed without drainage; primary healing is the rule and the child goes home on about the fourth day. In the *later case,* with a palpable mass, appendicectomy is again the treatment of choice, though more difficult to perform. The conservative régime sometimes instituted in adults is probably neither wise nor necessary. Where there is an actual *abscess* it is drained and appendicectomy performed if it can be done with ease; and where the appendix has ruptured into the peritoneal cavity and there is *diffuse peritonitis*, after performing the appendicectomy a careful peritoneal toilet is performed with the aim of removing all débris, lymph, pus, faecal material, and faecoliths from the peritoneal cavity, thereby making a subsequent abscess less likely. This is most effectively done by inserting a series of small gauze swabs into the peritoneum one after another in various directions until at length they are dry on withdrawal; a sucker is not nearly so effective.

Some of the most difficult operations are those for a *high retrocaecal gangrenous appendix*. The incision can with advantage be extended upwards and laterally, parallel to the intercostal nerves or downwards and medially towards the symphysis, thus converting it into a Rutherford-Morison incision. *Drainage*, which should be performed through the incision by means of a piece of soft Paul's tubing, is advisable if there is a localized abscess or an offensive peritoneal exudate. It is not possible to drain the whole peritoneal cavity effectively by any means, but drainage of the wound obviates abscesses in the layers of the belly wall, which are in any case commoner than intraperitoneal abscesses and cause a tedious and objectionable prolongation of the post-operative morbidity.

Post-operatively it is usual to administer a five-day course of streptomycin, with penicillin or a sulphonamide, to all except the early cases. Those with widespread peritonitis, and particularly children under the age of five, usually have to have nasogastric suction and intravenous alimentation for a few days, by which time the aspirate is usually very slight, bowel sounds are brisk, and flatus has been passed.

The two most important *complications* are obstruction and abscess.

Obstruction may be either paralytic or mechanical. The distinction is made by hearing bowel sounds. *Paralytic obstruction* is treated by nasogastric suction and intravenous alimentation; *mechanical obstruction* is diagnosed by the presence of vomiting and colicky pain with audible bowel sounds, and fluid levels seen in the plain X-ray. It is imperative to re-open the abdomen without undue delay, and we have seen examples of mechanical obstruction which were easily

remedied: caused for example by a peritoneal band, an ileo-ileal intussusception, and a strangulated internal hernia in relation to a Meckel's diverticulum (Fig. 3).

Abscesses usually develop during the second week and are shown by a rise in temperature, pulse and white count, with deterioration in the child's general condition. It is imperative not to reinstitute the administration of antibiotics as this seldom cures the abscess, but masks it and delays diagnosis and drainage. The commonest are wound abscesses, recognized by the local signs of inflammation, and treated by repeated warm baths which are comforting and hasten spontaneous external discharge (Fig. 2). *Pelvic abscesses* cause tenesmus and a frequent call to stool with the passage of large amounts of mucus. They are palpable and tender on rectal examination and usually discharge spontaneously into the rectum, with immediate relief. *Intraperitoneal abscesses* are more worrying: an abscess in the right iliac fossa can be expected to find its way to the surface, whence it can easily be evacuated by a small incision without opening the peritoneum. Some deep seated abscesses in the region of the root of the mesentery fail to reach the surface and it is then necessary to re-explore the abdomen in order to evacuate them. This usually makes the child very ill for a few days with a recurrence of paralytic ileus and is, therefore, not undertaken lightly. After evacuation of the abscess, recovery is usually very rapid. Subphrenic abscess is extremely uncommon.

Strangulated Hernia

It is not widely enough recognized that inguinal hernia frequently strangulates in infancy and childhood—perhaps more often than at any other age. Any inguinal hernia which has reached a surgical clinic is unlikely to disappear spontaneously and has probably been sent because a recent bout of vomiting, coughing or crying has made it alarmingly worse. In practice if they are not repaired within a few days, they frequently strangulate and have to be done as an emergency procedure. The diagnosis surprisingly enough is not always obvious. One case in an infant was diagnosed as pneumonia with associated vomiting and abdominal distension; there was a minute strangulated inguinal hernia, too small to be palpable, in which a knuckle of ileum had become caught. Another was sent up as acute appendicitis, but fortunately the mother subsequently noticed the inguinal hernia and made the correct diagnosis. The operation consists of simple removal of the delicate sac. In London at any rate resection of gangrenous bowel is seldom necessary.

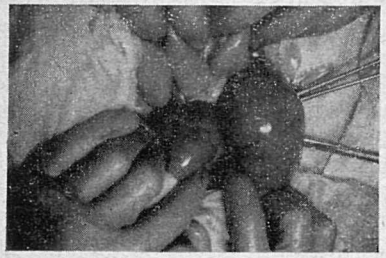


Fig. 3.

Strangulated Internal Hernia. At operation for an abdominal emergency, a loop of ileum was found strangulated by an arch consisting of a Meckel's diverticulum adherent at its tip.

Intussusception

The clinical features of this condition are well known. A fit baby of about ten months is suddenly seized with colicky abdominal pain, draws up its legs, cries for a few minutes and then relaxes to lie flaccid, pale and exhausted. This attack is repeated at intervals, and the diagnosis is eventually made either by feeling a sausage-shaped lump in the abdomen, or by finding red currant jelly mixed with the stools on the nappy. The condition may be seen as young as three months or with decreasing frequency throughout childhood.

Intussusception is probably a frequent or almost normal occurrence in the bowels of infants, and the instances which come to hospital are those which have gone a bit too far and got stuck. Certainly under observation in hospital, a large proportion of children with these symptoms, and even those in whom a tumour has been felt, will undergo spontaneous recovery. In a further group the syndrome is found to have been caused by infection with Sonné dysentery, so that only a small number, which seems to have recently dwindled rather rapidly, falls into the hands of the surgeon. Historically the first successful method of treatment was that of hydrostatic reduction by forcing fluid into the rectum under pressure. This has been supplanted by the use of a watery barium suspension which can be followed with X-ray control, and is highly successful in the early case, in the hands of an expert. The alternative method which is favoured in this hospital, is to reduce the intussusception by operation. A right Rutherford-Morison incision is suitable for this purpose. Manual reduction is all that is necessary and the condition seldom recurs. If the bowel is gangrenous, resection must be performed, and if possible, end-to-end anastomosis; but the condition is then grave and there is a very considerable mortality.

The most important factor affecting the prognosis is delay in treating the condition. It is found that all cases treated within twenty-four hours survive, but after this time the mortality rate rises fairly steeply. It follows that an early and doubtful case can safely be observed in hospital for a few hours: if no further attacks occur and no lump is felt, operation can thus be avoided. In a late case, or where there is a large and definite lump, operation should be undertaken without delay in order to minimize the risk of gangrene of the intussusception.

In conclusion, I would emphasize that in childhood acute abdominal conditions can develop so rapidly that it is wise to institute close observation in hospital in any case of uncertainty.

PEDAGOOGLY.—XIV

The troubles of this world will pass me by :
Time will roll on but I shall not grow old.
I shall observe through oriental eye,
Watch from behind my epicanthic fold.
Music shall be my joy ; friends I shall cherish,
Retain the simple pleasures of the young.
You with the brain must strive and strain—and perish.
I remain placid, and protrude my tongue.

THE REMOVAL OF SUBGINGIVAL DEPOSITS AND ITS IMPORTANCE

By J. M. McCORMACK

The winning entry in the Student Essay Prize Competition (1956-7) of the British Society of Periodontology (concluded).

TECHNIQUE OF CURETTING

The teeth are probed and the location and extent of calculus determined and the number of teeth to be treated is estimated according to the time available.

If large masses are present the curettes are used unsharpened. This is because much pressure may be necessary to dislodge the large masses of calculus and there is less chance of gouging the root surface.

Instrumentation should include the following points:—

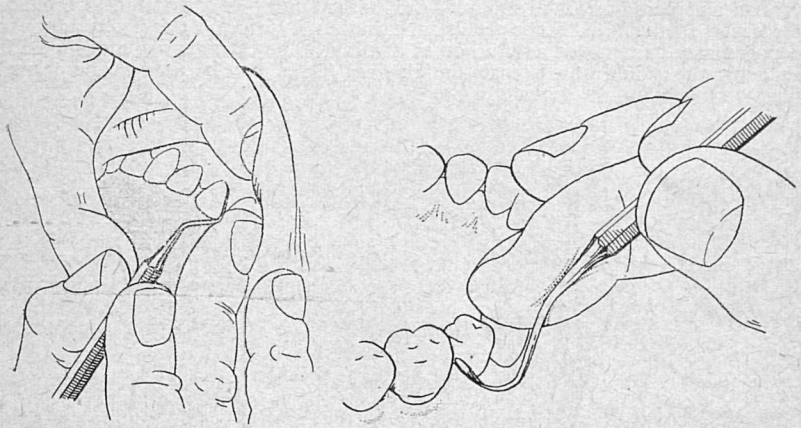
(1) *Grip.*—The instrument should be held lightly but firmly in the pen grasp—lightly enough to be able to detect the blade meeting the deposit but firmly enough to have complete control during manipulation.

(2) *Rest.*—A finger rest is obtained for the third finger as near as possible to the tooth being operated on. This may be on an adjoining tooth or on fingers of the opposite hand, themselves rested on a jaw.

(3) When using a hoe there must be two point contact, the shank as well as the blade touching the tooth.

(4) There is a planing full hand movement, rocking about the finger rest which acts as a fulcrum. There is no independent finger movement; this overcomes the tendency to pry the calculus, nick the tooth and fatigue the finger muscles.

Figs. 6 and 7 show manipulation of curettes.



Figs. 6 and 7.
Manipulation of Curettes with a finger rest acting as fulcrum.

The operator may use direct vision or a mirror, which is better for the palatal surface of upper anterior teeth. The patient's head for upper teeth may be tilted upwards and either towards or away from the operator so that he can obtain the best view. For lower teeth direct vision whilst standing in front of the patient will give good results.

Thompson (1940) describes the removal of seruminal calculus whilst a blast of compressed air (30–40 pounds per square inch) is directed into the pocket. Calculus is revealed by transillumination from the lingual side using a powerful torch and is removed by a push stroke scaler which is used as a spatula to dilate the gingivae. The air dilates the pocket and removes saliva and blood, the dry calculus is easily removed and pain diminished by its obtunding action.

Visibility however cannot always be obtained and a knowledge of tooth anatomy is essential, used with one's tactile sense.

The calculus should be felt and the blade hooked under it, being careful not to acerate the gingival attachment of that particular tooth. Deliberate strokes with

a pull motion are employed with pressure applied directly against the calculus. This removal of discrete particles is termed spot curettage. This is repeated as long as individual islands of deposit can be felt and removed. Only a small area of tooth surface is scaled at a time until the individual particles become difficult to locate.

The instruments must be sharpened for the next stage of the operation and must continue to be kept sharp either by using a slip stone or a mounted Arkansas stone on the dental engine. Tungsten carbide tipped instruments may obviate this in the future.

The same routine is followed, the calculus being felt and the blade hooked under before the stroke, to avoid burnishing the particles.

After no more deposits can be felt by the probe, the curettes are resharpened and routine planing is started. This consists of curetting by scraping the tooth surface in varying directions with overlapping strokes. A disclosing solution may be applied to show up the particles (see below). The direction of movement is constantly changed to make sure that the entire root surface has been reached and is smooth. Care must be taken to avoid nicking or gouging the root surface but a gentle scraping of the cementum is aimed at with a view to possible re-attachment of the periodontal membrane. Horizontal movement of the curette (Fig. 8) may be used interstitially, on molars where the root presents a concavity which would be straddled by the instrument if it were held parallel to the gingival margin. A part vertical and part horizontal motion—the "helical cut"—is considered to produce the least " chatter " and hence produce the smoothest surface. Hard, very adherent deposits may be removed with a hoe as it will grip the calculus well and should it suddenly slip would not damage the gingivæ. Files may be used at the enamel junction to smooth the cementum (see Fig. 9).

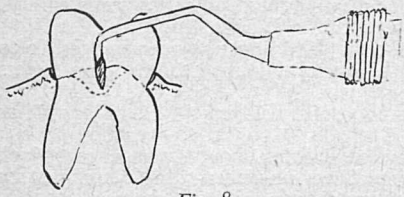


Fig. 8.

Fig. 9.
Use of a Schraeder file.

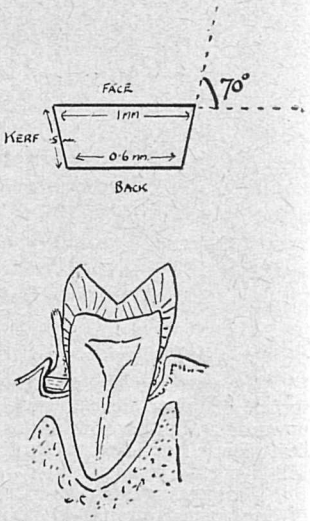


Fig. 10.
Cross section of a curette blade and its action in removing Calculus and soft tissue.

The disclosing solution contains Iodine to stain mucin in the calculus. The solution is swabbed around the teeth, and washed off. The solution promotes healing and acts as an astringent to the swollen gingival tissues.

The formula for Talbot's disclosing solution is:—

Zinc Iodide	15 parts
Water	10 ,,
Iodine	25 ,,
Glycerine	50 ,,

The remaining stained deposits are then removed and the main operation of scaling is completed.

Wooden points, dental floss silk and the porte polisher may be used to polish the root surface but they will all tend to damage the gingivæ and so the aim is to reduce the pocket by gaining reattachment and by shrinkage of the swollen gingivae. Rinsing with warm isotonic saline will reduce swelling and ease postoperative discomfort.

CURETTING SOFT TISSUE

The gingival tissue in a pocket has usually lost much of its epithelial layer and the surface consists of ulcerating granulomatous tissue. The part of the blade not against the tooth scrapes against the tissues as the instrument is passed in and out of the pocket and during operation (Fig. 10). This is however inadequate, and careful and thorough curetting is the most effective way of removing epithelium and epithelial debris. The reattachment of the gingivae has been studied above, but the most common result is a healing process in which there is a downgrowth of epithelium which terminates at the base of the pocket in an attachment to the root surface. This is called an arrested pocket and resembles the normal sulcus except for greater depth. A deep arrested pocket may be filled by debris and food and is prone to a recurrence of periodontal disease. The attempt at reattachment is therefore to be balanced against tissue loss by gingivectomy. Aesthetics and extent and position of pocket with regard to brushing and hygiene will affect the prognosis.

Scalpel, caustics and gingivectomy may be employed but are radical and should generally be avoided if conservative treatment will produce adequate results. Active stimulation by proper toothbrushing and use of the interdental stimulator will cause resorption of tissue and reduce pocket depth. Constant watching and examination by the dentist are necessary to ensure there is no recurrence of the lesion for even the institution of good oral hygiene will not guarantee complete recovery and unfortunately is all too often only a temporary success.

SUMMARY

The formation of subgingival calculus is studied together with its pathological significance in periodontal disease. The sequence of events leading to an advanced periodontal lesion may be arrested by removal of these deposits.

The technical procedures for curetting the deposits is considered with stress on the importance of complete eradication of the irritative foci.

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The Quodlibet Society

On Thursday the twenty-second of January a very well attended meeting of the Quodlibet Society heard Sir David Keir give a talk on the British Constitution. In a characteristically scholarly but stimulating fashion the Master of Balliol outlined the changes which our way of government has undergone since the time before the Great War when he had first become interested in constitutional history as a student at Glasgow. He noted how complacent had been their view of the British Constitution at that time, and how mistaken their expectation that all other constitutions would be formed in its pattern in a not very distant future. A most significant trend could be seen from government based on a strict interpretation of the law in regard to the limited scope permitted to it, to government over far wider fields based on the fact of power. This had been the natural concomitant of social revolution and the world wars. Sir David succeeded in his object of provoking lively questioning, which he answered with an erudition and competence that left his interrogators mentally breathless, if not satisfied. The end of this most interesting evening seemed to come all too soon.

Mr. Peter Hirschmann was in the chair, and thanked the speaker. During private business it was announced that Mr. Roy Meadow would be Secretary of the Society for 1959, and Miss Anne Kenshole would be Treasurer and Assistant Secretary.

R.C.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Students' Club

From Mr. S. H. Wass

SIR,—A Notice appears in this issue calling attention to a Referendum to be held on the question of amalgamation between the Students' Club and the Students' Union.

An Extraordinary General Meeting of the Students' Club was recently called to discuss this question, but owing to the regrettably small attendance the matter could not fairly be discussed. I sincerely hope that *all* members of the Club who are now at the Hospital will cast their vote in the ballot of 12th and 13th February so that a truly representative opinion may be obtained on this important issue.

Yours etc.,

S. H. WASS,
President, Guy's Hospital Students' Club.

Guy's Hospital, S.E.1.

The Residents' Play, 1959

From the President of the Residents

SIR,—I should like to announce, through your columns, that the Residents' Play, "Cross Purposes", will be performed this year on February 24th—27th inclusive, at 7.30 p.m.

Could all applications for tickets please be sent to me before 12th February.

Yours etc.,

The College,
Guy's Hospital, S.E.1.

A. J. MEMBREY,
President of the Residents.

A Bonny Letter

From Dr. I. C. K. Mackenzie

SIR,—If, as the writer of PEDAGOOGLY—XIII says, his I.Q. implies he's a fool, then his suggestion that his words be sung to the tune of the Skye Boat Song goes some way towards proving it. It could, I suppose, be done but it would sound undeniably odd, the scansion of the first line being, for example :

'*My pu-bis is to-o near my na-vel*'
(*Speed, bonnie boat, like a bird on the wing*)

On the other hand it is perhaps no mere coincidence that the words could well be sung to the tune of 'My Bonnie' and it is no doubt the presence of this foreign word in both songs that has confused the cretinous and enfeebled Sassenach mind.

Yours etc.,

IAN MACKENZIE.

Guy's Hospital, S.E.1.

Athletic Club

SIR,—During the past few years Guy's have won the Inter-Hospitals' Athletic and Cross Country Championships. This year our teams have been sadly depleted and we are in grave danger of losing the Cup and Shield.

Contrary to general opinion, the standard of Hospital athletics is not, on the whole, very high. In fact our standards will suit everybody.

If there is anybody in the hospital who has not already come forward and who would like to start training for cross country or athletics we will be very pleased to hear from him.

Yours etc.,

A. J. PARRATT,
Hon. Secretary.

J. W. S. RICKETT,
Cross Country Captain.

Guy's Hospital, S.E.1.

The Rebuilding of Guy's

SIR,—We expatriates are most grateful to Mr. Lees Read for his interesting and amusing accounts of the progress of the new building, and although we may never see it, his lively reporting brings it before the mind's eye and makes us yet more proud of our Hospital. We hope that he will continue at frequent intervals—and if possible, with photographs.

There is one point on which perhaps I can relieve his mind. The majority of African hard woods used in furniture, doors, etc., are light in colour to start with, but rapidly darken on exposure to daylight. If he hasn't already stained his doors it would be as well to wait a few months to see how dark they get; then he can stain if necessary, but I doubt if it will be.

Yours etc.,

KEITH DUFF.

P.O. Bo 301,
Nairobi, Kenya.

Microlunches

SIR,—The size of the helpings of food now being served in the Spit, both upper and lower, really are *minute*. Five chips as a helping is commonplace, and last Wednesday (21st January), myself and some friends from Charing Cross Hospital were given what later proved to be 5 dessertspoonsful of soup. A waitress, who appeared to be in charge, when asked if (*a*) a mistake had been made or (*b*) some more soup could be obtained, said "No dear, that's your quota—that's your fivepenny worth". At a penny a spoonful, the upper Spit becomes one of the most expensive eating places in London.

I have discussed these points with friends, who say that they no longer use the Spit, but go elsewhere for a meal of similar quality but larger quantity at the same price. I do not think this should be the answer. The College Catering Compant is, I believe, non-profit making; how then can they not afford to compete, at least favourably, with profit-making concerns ?

Yours etc.,

M. V. SMITH.
Medical Student.

135, Battersea Park Road,
London, S.W.8.

The Art Society

The House Committee have very kindly agreed to allow the Art Society the use of a room under Guy's House as a studio.

This is a valuable amenity, and will be in a usable state in February. Meanwhile I would like to hear from all those in the Hospital who wish to use the studio reasonably regularly. When the studio has become established, and if a demand is assured, a weekly painting class will be arranged.

On Tuesday, 13th January, Mr. Alec Clifton-Taylor, architect, broadcaster, author and former teacher at the Royal College of Art gave a lecture "Looking at Stained Glass".

Showing innumerable very beautiful coloured slides Mr. Clifton-Taylor pointed out the features of colour, subject matter, use of lead and iron, and relation to architectural development to be seen in the glass at Canterbury, Chartres and Bourges in particular.

With further examples from modern glass, Piper at Oundle, Evie Hone at Eton, and hardly suppressed condemnation of some of the recent pallid work in Westminster Abbey, Mr. Clifton-Taylor ended by answering questions, and brought a most sumptuously illustrated talk to a close.

In February, on Tuesday 10th, at 5 p.m.,or Thursday 12th, at 5.30 p.m., Dr. Malcolm Burgess will give an illustrated lecture in the Dental Theatre on "Russian Architecture from 1700 to 1762".

Dr. Burgess is a most entertaining lecturer: sometime Fellow of Downing College, Cambridge, a lecturer in Fine Arts at Cambridge, and at the School of

Slavonic Studies in London, he has designed sets and costumes for stage and television and has travelled as widely as is permitted in the U.S.S.R.

A "conducted tour" round the newly hung Courtauld Collection in Woburn Square, is being arranged for early February. Notices will be posted with the details.

CHRISTOPHER MALLINSON,
Hon. Secretary, Guy's Art Society.

REVIEW

Urology in Outline. By T. L. CHAPMAN. E. & S. Livingstone Ltd., 1958. Pp. 173. *Price* 27*s.* 6*d.*

Mr. Chapman has produced a well-balanced synopsis on urology, written "for all who study and practise general medicine or surgery". As the author states, the form is unorthodox and of the 173 pages only about 37 are of type. The rest of the book is made up of simple diagrams, which have been in use for many years for student teaching, and a few of these are none too clear. X-ray tracings have also been used and these are excellent.

It is doubtful whether a subject can be assimilated by a study of diagrams alone; they are easy to understand, but just as easy to forget. It is difficult to judge the value of books of this nature. They may give an introduction to a subject before a student embarks on clinical work, or may be used for revision on the eve of an examination. As a reference book and for post-graduate study they are insufficient. Like many modern text books, this is surprisingly expensive, considering its size, paper and simple diagrams.

This book is orderly and concise, but as its name implies, it is incomplete. There is little to criticize in the content, except where the form and lack of type leads to misunderstanding. Thus in Chapter I a diagram on the causes of hæmaturia gives papilloma of the renal pelvis, nephroptosis and appendicitis as examples, without any indication that the last two must be very rare. In this chapter, the diagrams on examination of the prostate are poor. When discussing infections, the author has considered pyelo-nephritis only as an extension of a pyelitis, and not mentioned involvement from the blood stream. Nothing has been said on the value of acidification and alkalization.

In the chapter on genito-urinary tuberculosis, tuberculous stricture of the ureter has not been mentioned and the methods of investigation of tuberculosis of the urinary tract not discussed.

The diagram on the forms of benign prostatic enlargement are difficult to understand, and those on perineal and retro-pubic prostatectomy poor. The figures on the pathology of carcinoma of the bladder have confused grade and stage, and the treatment is perhaps over-simplified. For example, it is not true that all patients in good general condition with a high grade carcinoma need total cystectomy.

These criticisms, however, do not detract from the general clarity of the work, which will be of value as an introduction to urology, and as a method of revision for under-graduate examination. It is, however, expensive.

C.H.K.

PEDAGOOGLY.—XV

To J.K.

His response to sedation is scarcely spectacular,
He romps round the ward like a reprobate Dracula,
There's a little brown pigment to see at the macula.
Is he Bielschowsky, Spielmeyer-Vogt or Tay-Sachular ?

OBITER DICTUM

Mr. T. T. STAMM : "A human being is a two-legged individual with a pain in his back."

SPORT

GUY'S HOSPITAL LAWN TENNIS CLUB, 1958

Winners of London University Tennis Cup, 1958

Winners of United Hospitals' Tennis Cup, 1958

M. W. Blake *M. J. Mitchell* *J. R. Rose*
N. Dobie *D. C. Sellman (Captain)* *J. B. Blaikley, Esq. (President)* *E. K. M. Smith (Secretary)* *M. H. Devereux*

RUGBY FOOTBALL

Guy's v. Richmond

At Old Deer Park 3rd January, 1959

Result—Lost 32-6

Guy's resumed their fixtures after the Christmas break with a match against Richmond, and were soundly beaten by a faster and more talented side. At forward Guy's held their own in the tight and line-outs, but could not match the mobility and fire displayed in the loose by the Richmond pack.

Behind the scrum, only Nicholas had a good game, although Wright atoned for an otherwise mediocre display with two very nice breaks.

Guy's kicked off but Richmond were the first to press home an attack. Play was confined to the Guy's half, and the home side went into the lead after five minutes when Windsor-Lewis went over wide out. The try was converted from the touch-line. Richmond returned to the attack, and after narrowly missing a score, went further ahead from a penalty awarded for a scrummage offence. Shortly afterwards a loose scrum formed near the Guy's line, Richmond heeled, and their outside half cut through to score underneath the posts. The try was converted.

The Hospital side improved now, and play became rather more even. A penalty was awarded for obstruction, and after Guy's had taken a short kick, the referee ordered it to be retaken ten yards further on as the opposition had not retired far enough back. This time Pagliero placed the ball and kicked the goal from about thirty-five yards. Just before half time Guy's reduced their arrears still more. Buirski, after recovering from an injury, gathered a loose ball and kicked ahead, just failing to collect it again about a yard from the line. From the resulting set scrum, Patterson hooked against the loose head, and Nicholas forced his way over the line. The kick failed.

Half-time score : Richmond 13—Guy's 6.

At the beginning of the second half Guy's were on top for ten minutes or so, but were unable to complete promising attacking movements by scoring. Then, in their first sortie into Guy's half, Richmond went further ahead by kicking a penalty awarded for a scrum infringement. After this Guy's had to defend hard all the time, and were not much concerned with attack. However, they were unable to prevent Richmond scoring four more tries, two of which were converted.

Throughout the game the Guy's defence seemed to find great difficulty in holding the strong running Windsor-Lewis, and never found the answer to the breaks made from the base of the scrum by the Richmond inside half.

Final score: Richmond 32—Guy's 6.

Team : K. M. Pagliero: J. Leyshon, R. T. Hawley, C. J. Wright, V. Egwuatu; N. F. Boyd, J. R. D. Nicholas; R. W. May, M. Patterson, A. C. Knight, B. Blackwell, P. W. F. Harris, A. Baker, A. Buirski (capt.), D. Bryant.

Guy's v. St. Bartholomew's

1st Round, Hospitals Cup

At Richmond 20th January, 1959

Result—Lost 6-0

After torrential rain and hail immediately before the game the Richmond ground presented

as a heavy, slippery, water-logged venue for the traditional no-quarter battle that takes place in these inter-hospital games.

Bart's fully deserved their victory, being superior for most periods of the game. Their tactics were beautifully directed by Davies at outside half, for by some first class touch kicking, he continually drove Guy's back into defence, and then started his line moving in attack. He was well served by his scrum half who received plenty of the ball from the lines out where Bart's had things very much their own way. The Guy's halves, on the other hand, were harried all the afternoon by the quick-breaking Bart's wing forwards, and consequently very little was seen in attack of the Guy's threes. Guy's tackled well throughout, and at full back Myall was sure in all that he did, his handling of the greasy ball being magnificent.

The Guy's pack had a hard game against the big, mobile Bart's forwards, and only really matched them in the tight scrums. In the loose Bart's had a slight advantage, but in the lines-out did very well, gaining possession time after time.

Guy's kicked off, and were soon in attacking position following two well taken penalties by Buirski. Bart's replied with a foot rush from a drop out, taking play to within five yards of Guy's line. Play went from end to end, with Bart's looking more dangerous and coming close to scoring several times. A kick ahead from Davies found both Nicholas and Egwuatu going for the ball, and the inevitable collision occurred. Fortunately both recovered and were able to resume playing. As the first half drew to a close, Guy's having stood up to their opponents' offensive, seemed to be getting on top.

Half time: Guy's 0: St. Bart's 0.

The pattern of play in the second half was much the same as that of the first. Guy's having worked the ball upfield, were constantly being driven back by the kicking of Davies. Bart's were being kept out by some fierce tackling, and it seemed that a replay might be necessary, when with 10 minutes to go Davies made the only break of the game and put his wing over for a try wide out. The kick hit the crossbar and bounced back. Some minutes later Davies kicked a penalty and gave Bart's what seemed to be a winning lead. Guy's were not done however, and pressed hard until the final whistle, though they were unable to cross their opponents' line.

Team: R. W. T. Myall; V. E. Egwuatu, R. T. Hawley, I. A. Baker, C. J. Wright, N. F. Boyd; J. R. D. Nicholas, A. C. Knight; W. M. Patterson, R. W. May, B. Blackwell, P. W. R. Harris, D. R. Lloyd-Edwards, A. P. Buirski (capt.), J. D. Bryant.

HOCKEY

Guy's 1st XI v. Old Beccehamians

At Ravensbourne 10th January, 1959
Result—Lost 2-5

The first game after the Christmas vacation showed up weaknesses in the Guy's side which might have had a lot to do with the conditions. In December the pitches had been very heavy, inviting a fast game, whereas against the Old Beccehamians the pitch was frozen, giving rise to a fast uncontrollable game. A difficulty in turning and ball control was very evident amongst forwards and backs.

At half-time the score at 2-2 was representative of the game. But with the second-half 10 minutes old we ran into a spell that put us three goals behind. Further attempts at attacking were to no avail and the final score 2-5 was a disappointing result.

However, not much importance must be attached to a game under these conditions and perhaps we were fortunate to play at all.

Team: A. Daryabegui-Guiliani; R. C. Lallemand (capt), D. A. Wright; J. Sedgwick, M. E. Conybeare, J. Smallshaw; M. Steyn, R. Strickland, P. Liddiard, M. W. Blake, A. Mackenzie.

Senior Cup Match—2nd Round

Guy's v. St. Bartholomew's

At Chislehurst 14th January, 1959
Result—Won 3-0

After playing this match one could feel that the game the previous week-end on an identical hard frozen pitch was of great value. The Guy's side much faster on to the ball and making use of it to wrong foot their opponents won 3-0.

A lead of 1-0 at half-time was not enough to give much confidence, although Guy's were throughout the half on top. A quick goal in the second half lit up the side to greater exertion eventually producing another goal from the left wing. It was inevitable that on such a hard and treacherous ground many passes were not picked up but Conybeare, at centre-half, was not affected and had an excellent game. Not infrequently was the ball hit from one end of the field to the other without being stopped.

The next Cup match against St. Thomas's Hospital, to be arranged early in February, we hope will be played in better conditions. Similar form should produce a very good game.

Team: A. Daryabegui-Guiliani; R. C. Lallemand (capt.), D. A. Wright; J. Sedgwick, M. E. Conybeare, J. Smallshaw; M. Steyn, R. Strickland, P. Liddiard, M. W. Blake, A. Mackenzie.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Registrar (mid-grade) in the Thoracic Surgical Unit** at Guy's Hospital, with duties commencing on 1st April, 1959. Applicants should hold a higher surgical qualification.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **19th February, 1959.**

SWINEY PRIZE AWARD

The Swiney Prize for the best published work on medical jurisprudence has been awarded to Dr. Keith Simpson, for his book *Forensic Medicine* (third edition), the Royal Society of Arts announces. The prize consists of £100 and a silver cup of the same value.

MULTIPLE SCLEROSIS SOCIETY AWARD

The Multiple Sclerosis Society announce the following Fellowship for research in multiple (disseminated) sclerosis and allied nervous diseases :—

The Bromley Fellowship, Medical School, Guy's Hospital, granted to Mr. P. J. Warren, for research on the role of copper and other trace metals in brain metabolism.

UNIVERSITY OF LONDON

Examiners, 1959

M.B., B.S. Examinations

Applied Pharmacology: Professor J. M. Robson.
Medicine: Dr. W. N. Mann, Dr. N. S. Plummer.
Obstetrics and Gynaecology: Mr. J. S. Tomkinson.
Pathology: Professor G. Payling Wright.
Surgery: Mr. S. H. Wass.
Therapeutics: Dr. J. C. Houston.

UNIVERSITY OF LONDON

Recognition of Teachers

Full Recognition

Peter Hedley Wright, M.Sc., M.B., Ch.B. (Liverpool), as a Teacher of Chemical Pathology at Guy's Hospital Medical School.

Ian Macdonald, M.B., B.S., Ph.D., D.Obst. R.C.O.G., as a Teacher of Physiology at Guy's Hospital Medical School.

PASS LIST

UNIVERSITY OF LONDON

M.D.

S. S. Epstein — D. A. F. McGill

General First Examination for Medical Degrees

December, 1958

The following Higher School and General Certificate of Education candidates have completed exemption from First Medical:

J. G. Cook — Valerie A. Moody

Special First Examination for Medical Degrees

December, 1958

B. G. Bardi — D. K. C. Cooper

The following General Certificate of Education Candidates have qualified for exemption from the First Medical:

D. H. Griffiths — Janet P. Whittam
B. E. Oei

UNIVERSITY OF BRISTOL

Ph.D.

H. S. M. Crabb

CONJOINT BOARD

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L. H. Brearley — W. G. Lewis

D.L.O.

O. L. Thomas

D.M.R.D.

R. Leigh

D.P.M.

B. M. N. Pitt — J. H. P. Willis

L.R.C.P., M.R.C.S.
Final Examination
January, 1959

Pathology

A. H. Abrahams	A. W. McKenzie
I. G. Chisholm	*Hazel J. McFarlane
D. Davies	J. J. Maher
J. M. Dawson	V. Promtatvethi
D. Denis-Smith	A. R. C. Ralph
N. Dobie	J. W. S. Rickett
J. A. Dyde	Hazel M. Sargent
*J. G. Holmes-Smith	G. G. Ward
C. J. Hunter-Craig	G. H. E. Woodbine
J M Justice	D. A. Wright

Medicine

A. H. Abrahams	R. Marsh
N. Dobie	R. H. S. Mindham
Mary L. Ellis	J. C. Oakley
T. I. Francis	I. C. Roddick
F. H. A. Jago	J. K. Smallshaw
W. F. Jaworski	Jennifer A. Whitlock
I. W. Jones	M. B. Wilson
J. B. Kelly	

Surgery

*M. A. McL. Bailey	*T. G. Nash
*J. C. Bull	*J. T. Outred
*H. Dexter	*D. K. Payler
*B. A. O. Binns	*P. E. Pearce
*J. Farmer	*W. B. Pearce
*Louise Gallagher	*M. I. Reeve
*A. E. Green	*M. D. Robson
*P. R. Grob	*J. W. Rollins
*C. E. Harley	*M. D. Sanders
*J. G. Holmes-Smith	*D. J. Smith
*R. B. Huddy	A. W. Sollom
*Ann P. John	*June M. Squire
J. B. Kelly	*T. C. Taylor
*B. N. C. Kempton	*A. Tredre
*R. L. King	Winifred M. M. Tully
*Jean M. Kubale	*A. Vejjajiva
*Hazel J. McFarlane	J. A. Wall
*C. M. Maddox	G. G. Ward
*R. W. May	*J. Wolfle
*H. J. Missen	

Midwifery

*M. A. McL. Bailey	I. W. Jones
M. R. Boundy	J. M. Justice
M. J. S. Coe	R. L. Mitchell
D. Denis-Smith	D. J. Openshaw
J. A. Dyde	V. Promtatvethi
T. I. Francis	*M. D. Robson
*P. R. Grob	*A. F. Tredre
*W. Holms	

* Have completed the examination.

UNIVERSITY OF LONDON

Third (B.D.S.) Examination in Dental Surgery

November, 1958

Honours

*P. Banks — †J. M. McCormack

* *Distinguished in Pharmacology and Therapeutics.*

† *Distinguished in Surgery.*

Pass

S. X. E. Bengo	E. J. L. L'Efevre
A. J. Chapman	Mary E. Maynard
I. G. Creed	R. Naylor
Marina J. Drage	R. E. Potts
C. E. Evans	G. L. E. Savy
Irena K. Friedman	D. C. Sellman
E. D. Fulstow	S. J. Whitten
Marcela L. Kodicek	M. J. Woodman
E. M. Lasserson	

Part I

M. W. Blake	H. P. E. Green
D. Boulton	T. Helmar
J. M. Brummitt	A. B. Holmes
N. R. Chudleigh	J. D. James
Diana E. R. Cornick	L. J. Kessel
Jeanne H. Faith	Margaret Oxburgh
M. J. Fatharly	Marian E. Phillips
A. Graham	R. Preston

Part II

Roslyn M. Bain	Annette Hasquencort
J. H. Bason	A. B. Hewitt
Daphne R. Butwick	M. J. Hill
D. G. Carr	G. B. Keeble
Lina R. Clapham	M. J. Lightfoot
R. J. Cutler	A. R. Lynch
T. B. Dowell	J. Mc I. Murray
G. M. Edwards	T. K. Oh
I. D. Evans	M. W. J. Older
B. A. Foster	Edna M. Parkman
D. H. Gibb	T. G. Tetlow
C. Green	R. M. Watson
Jill Hampton	M. B. Webb
W. D. Hargraves	D. L. Wedgwood

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GENEROUS REBATES GIVEN

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Address.....

.....

Date of Birth.....

Second Examination in Dental Surgery

December, 1958

B. K. Arthur
R. B. Charter
M. H. Fanner
E. J. Grant
P. Howard
K. F. R. Hutchison
A. Leigh-Browne
J. G. Machado
J. G. Mitchell
B. S. Morgan
R. I. Richardson
M. E. Robinson
J. E. St. Pierre
P. J. S. Turner
T. Wild

NURSING NEWS

Entered :

Sister E. Cauwood to *Theatres.*
Sister J. Sawyer to *School of Nursing.*
S/N F. Gilroy to *School of Nursing.*
S/N A. Wicks to *Medical Night Staff Nurse.*
S/N E. Duke to *Miriam and John.*
S/N A. Pritchard to *Theatres.*
S/N J. Richardson to *New Cross.*
S/M V. Walton to *Victoria.*

Left :

S/N E. Newman from *Victoria.*
S/N O. Storey from *Victoria.*
S/N J. Fennell from *Addison.*

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d. 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

Required

DENTAL ASSISTANT required near Bournemouth. Excellent equipment, staff and environment. Box No. 168.

DENTAL SURGEON required as locum for two Guy's men, 6 weeks, July and first 2 weeks of August. Full staff, excellent equipment. Box No. 167.

DENTAL SURGERY REQUIRED—Use of D.S. in W.1 area, two afternoons weekly. Box No. 166.

FURNISHED OR UNFURNISHED FLAT, N.W.1, 2, or 3. 2 Bedrooms, kitchen, etc. Box No. 165.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Bearn, A. G. and another. Comparative Studies on the Physical Characteristics of the Heritable Haptoglobin Groups of Human Serum. *J. exp. med.*, 1959, **109**, 55.

Christie, B. G. B. Intra-Articular Prednisolone 21 : Phosphate. A Clinical Trial. *Lancet*, 1959, **i**, 71.

Clarke, Ruscoe. The Diagnosis and Treatment of Major Injuries. *Brit. med. J.*, 1959, **i**, 125.

Jackson, R. C. Experiences with the Kolff Twin Coil Artificial Kidney at the Renal Unit, Princess Mary's Royal Air Force Hospital, Halton. *Proc. R. Soc. Med.*, 1958, **51**, 1071.

Mill, W. A. and others. Carcinoma of the Lingual Thyroid Treated with Radioactive Iodine. *Lancet*, 1959, **i**, 76.

Read, J. C. Psychological Disturbances in Students from Overseas. *Med. World*, 1959, **90**, 18.

Ross, D. N. Hypothermia as an Aid to Surgery. *Ann. R. Coll. Surg. Engl.*, 1959, **24**, 43.

Trethowan, W. H. Early Manifestations of Schizophrenia. *Med. J. Aust.*, 1958, ii, 722.

Whitling, Ivor E. Some Impressions on Dentistry in New Zealand. *Brit. dent. J.*, 1959, **106**, 49.

Woodside, Moya. Ladies Day at the Sauna. *Med. World*. 1959, **90**, 46.

CHANGES OF ADDRESS

C. E. A. Holden, M.B., B.S., 1, T.O.M.Q., R.A.F. Hospital, Ely, Cambs.

Ian S. MacLeod, M.R.C.S., 257, Hampstead Road, Northfield, Adelaide, South Australia.

A. G. Parks, M.Ch., F.R.C.S., 16, Devonshire Place, London, W.1. Tel. WEL 2825. (Residence: FRE 5675).

G. L. S. Rankin, M.B., B.Ch., 1, Oban Street, Ipswich, Suffolk. (Tel. 53275).

A. Lucas Young, M.R.C.S., D.O.M.S., 500, Bradlows Building, Abercon Street, Bulawayo, S. Rhodesia. (As from 1st March, 1959).

BIRTHS

CAMFIELD.—On 27th November, 1958, at R.A.F. Steamer Point Hospital, Aden, to Joy (née Sheppard, S.R.N.), and Capt. Anthony Camfield, a son (Paul Anthony).

DYRGAS.—On 27th November, 1958, at at Mineral Springs Hospital, Banff, Alberta, to Barbara (née Allen, S.R.N.), wife of Frank Dyrgas, a daughter (Wendy Gail).

GRIMER.—On 8th January, 1959, to Margaret and Peter Grimer, B.D.S., a daughter (Frances Miriam), a sister for John and Paul.

HOLDEN.—On 14th January, 1959, at R.A.F. Hospital, Ely, to Gillen (née Conway Gordon) wife of Christopher Holden, M.B., B.S., a daughter (Wendy Elizabeth).

LANSDOWN.—On 9th January, 1959, at Guy's Hospital, to Liz and Peter Lansdown, M.B., B.S., a daughter (Joanna).

MORGAN.—On 1st January, 1959, at the Princess Margaret Hospital, Nassau, Bahamas, to Shelley and Richard Morgan, M.R.C.S., a second son (Clive Douglas).

SALMON.—On 2nd January, 1959, to Elizabeth (née Humphries), and A. J. Salmon, M.B., B.S., of 3, Walton Avenue, Henley-on-Thames, a daughter (Jane Amanda).

STOCKDALE.—On 22nd January, 1959, at Guy's Hospital, to Mary (née Mills, S.R.N.), wife of Edwin Stockdale, M.B., B.S., a son (Peter).

WILKINSON.—On 5th January, 1959, at B.M.H., Singapore, to Elizabeth (née Burns, M.B., B.S.), and Surg.-Lieut. (D), C. J. Wilkinson, R.N., a son.

MARRIAGE

POWELL—BEDFORD.—On 3rd January, 1959, at the Church of the Holy Family, Coventry, John Powell, L.R.C.P., M.R.C.S., to Isabel Bedford, S.R.N.

DEATHS

DAPLYN.—On 22nd December, 1958, Robert George Daplyn, L.D.S.R.C.S., of 59, Ramsbury Road, St. Albans, Herts.

PAYNE.—On 10th January, 1959, William Frank Payne, M.R.C.S., of 29, Fitzwalter Road, Colchester, Essex, aged 58 years.

Eds. {J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1841 14*th February* 1959 *One Shilling*

PASSIM

AS is the case with ice cream, swimming trunks and sunglasses, the common cold may be detected at all times of the year if one knows where to look for its devotees, but it shares with these emblems of another season, the habit of coming into vogue, and becoming so unremarkable that no comment is evoked by its wearer or bearer. We should be concerned for the welfare of a man in swimming trunks and sunglasses eating ice cream on Runnymede today, though he will be unremarkable in August. Similarly, a streaming cold in August calls forth the public ire—"You ought to be in bed: do you want everybody to catch it ?"—while a heavy cold in February draws only a smile, which is sympathetic but less logical. Those who work in a hospital should examine ruthlessly the myth of their personal indispensability, and should stay in bed at home when they have a cold. It is accepted by reasonable superiors that a cold is an adequate alibi; the few profiteers who use its ready acceptance to go shopping or sporting will not be missed. Nevertheless, when a large minority of people in the Hospital have colds, it is necessary for a certain number of them to work in spite of the disadvantages. Once bitten, it is too easy to say to oneself that all one's neighbours are certain to catch a cold with so many about, and that no precautions need be taken to keep one's own cold to oneself. This is unfair, particularly where patients are one's neighbours. Nurses are swiftly sequestered in the battlements of Sick Bay when they have colds. Students, and often their elders, alas, are too cavalier in sneezing their way round the wards. It is not easy to find a mask in some wards, but it is disgraceful that a mask worn by the owner of a cold should be unusual enough to provoke comment, for colds are two a penny. Colds matter, for they can wreck the morale of patients confined to bed for other reasons. May we not have a large supply of masks at the doors of all the wards, until warmer weather banishes the colds and chills ?

We warmly congratulate Dr. D. C. Deuchar, who has been appointed Assistant Physician to the Department of Cardiology, upon his joining the Consultant Staff at Guy's.

The Grand Ball at the Royal Festival Hall on 30th January, was again a most successful and enjoyable event; we congratulate the Ball Secretaries and second their vote of thanks (in the correspondence pages), to those who helped to make it such a splendid evening.

Dr. Paul E. Polani, Director of the Medical Research Unit of the National Spastics Society, has been seconded by the Society to join the World Health Organisation as a Consultant, for six months, to study the possibilities of extending to European Maternity Units, the prospective project of Pregnancy Wastage Study that is to be carried out in the United States of America. We congratulate him upon being invited to carry out this work of so great potential importance.

The mock-up ward on the second floor in the North-East corner of Guy's House was prepared in order that the effect of ward fittings under consideration for New Guy's House might be weighed carefully before choice was made from the many alternatives. As the room was structurally sound, it seemed a pity that it was not to be used as a ward, though the main services were not connected to the basins and lights by the two beds. It is pleasant to hear that the room is being adapted for use as a recovery room for the Thoracic Surgery department, and that the Matron's office has made the arrangements for staffing it. This will relieve the necessarily heavy pressure on nursing staff in the thoracic wards when patients return from theatre, and may also avoid a degree of disconcertment for patients awaiting similar operations.

We congratulate the Guy's Boxing Club on their victory in the recent University of London Intercollegiate Boxing Championships. Entering for the first time in this contest, the Guy's team beat all other colleges on aggregate performance, to win the Blott Cup. We understand that more men are still needed for the United Hospitals' Championships on 19th March, and urge any talented boxers who are not active members of the club, to contact the Hon. Secretary.

We are happy to quote a graphic tribute to Guy's dental students, which has been received by one of them from a friend in France. He received dental treatment first at Guy's and then at a French dental school.

> "I will tell something to Neil now and I hope he will be pleased. I have trouble with my teeth again, so I went to the French dentist school where I have a friend. When they saw my mouth, I told them it was made by a student in England. They were all amazed and plenty of respect. My friend told me it was an artist's work, and that he never saw such a good work before.
>
> Generally, English dentists have a bad reputation in France, but that time they were plenty with admiration. I think Neil can tell his friend.
>
> Even the thrill was not strong enough. My fellow was sad. He told me 'look ! we have really bad apparatus. I will use my thrill on that b . . . feeling'. Excuse the term, but you know how students speak together. I am afraid they use a steam-hammer next time I see them. Never mind, I have a good head."

GUY'S DIARY

FEBRUARY			Exhibition. Department of Surgery. *The Acute Abdomen.*
17th	T	1.00	Dr. E. J. Crisp. Clinical Lecture. *Disc Lesions in General Practice.*
18th	W	4.45	Science Club. Dr. J. R. Trounce. *Achalasia of the Cardia.* Chairman: Dr. R. Kauntze.
19th	Th	1.00	Mr. C. A. G. Cook. Clinical Lecture. *Systemic and Ocular Toxoplasmosis.*
20th	F	1.00	Dr. A. H. Douthwaite. Clinical Lecture.
		1.00	Professor H. R. B. Fenn. Dental Clinical Lecture. *Diagnosis of Denture Faults.*
21st	S		Rugby. 1st XV *v.* Aberavon. (H.O.P.).
23rd	M	1.00	Dr. W. S. McConnell. Clinical Lecture. *An Evaluation of Hazards in Anaesthesia.*
24th	T	1.00	Professor R. Knox. Clinical Lecture. *Sterilization and Disinfection.*
26th	Th	1.00	Mr. Grant Massie. Clinical Lecture. *Surgical Tuberculosis.*
27th	F	1.00	Mr. R. H. F. Brain. Clinical Lecture. *The Surgery of Persistent Ductus Arteriosus and its Results.*
28th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
			Rugby. 1st XV *v.* Exeter. (Exeter).

NOTICES

GUY'S HOSPITAL STUDENTS' CLUB

Annual General Meeting

The Annual General Meeting of the Students' Club will be held in the Quiet Games Room in the Students' Club, on Friday, 27th February, 1959, at 5.0 p.m.

J. D. WILLIAMS,
Hon. Secretary, Guy's Hospital Students' Club.

AGENDA

1. To confirm and sign the Minutes of the last Annual General Meeting.
2. Matters arising from the Minutes.
3. To report the result of the referendum held on the question of the amalgamation of the Students' Club and the Students' Union.
4. To elect the following representatives to the Students' Club Committee:
   (a) One representative of the Students resident in the College and attached Hostels.
   (b) Six representatives of the non-resident students (among whom shall be at least one medical and one dental student).
5. To receive the Treasurer's Report for the year 1957-58.
6. Any other business.

THIRTY CLUB

The 30th Annual Dinner of the Thirty Club will be held at the Royal Air Force Club on Friday, 29th May, 1959. Dr. G. E. Genge-Andrews in the Chair. Detailed notices will be sent to members later. Meanwhile, will they please make a note of the date.

J. J. CONYBEARE,
W. D. DOHERTY,
Honorary Secretaries.

OBITER DICTA

Mr. S. H. WASS : Common things commonly occur . . . .

Dr. W. N. MANN : . . . . but uncommon things *quite* commonly occur.

ARRANGEMENTS FOR DEALING WITH MAJOR ACCIDENTS AT GUY'S

By PATRICK CLARKSON, *M.B.E.*, M.B., F.R.C.S.

AS mentioned in *Passim* of 25th October, 1958, a Sub-Committee of the Medical Committee have put forward suggestions for arrangements at Guy's for dealing with major accidents in peace time. These suggestions, with modifications which have been passed by the Medical Committee, have now been approved by the Board of Governors.

Attention to this subject has been stimulated by the recent Lewisham accident and by the committees organised by Dr. Fairley of the Regional Board to establish what arrangements could best be established at the hospitals within the Region for dealing with any future disaster.

Introduction.

One recommendation of the Medical Committee was that an account of the Guy's arrangements should be published in the *Gazette* because general familiarity with principles of the scheme is clearly essential to its efficient operation in the event of Guy's being called upon to take in casualties in large numbers.

(1) As noted in *Passim*, this is the first time in history that the Hospital has formally accepted responsibility for the care of casualties outside the grounds of the Hospital. This may be regarded as a natural extension of its responsibilities, under the National Health Act.

(2) Such plans for the care of casualties from major accidents must envisage both large and small groups of injured. The arrangements, the scale of personnel, and of equipment suggested here has been submitted on the basis of an accident causing fifty casualties, ten to fifteen of whom have major and multiple injuries. This scale could be reduced or enlarged in accordance with the necessities of the actual accident.

(3) It is envisaged that the most likely incident is of the sort which has occurred before; that is, a railway accident at night in fog with consequently greatly increased difficulties of transport. It is, however, worth noting that in the last seventy years in England there have been less than ten railway accidents causing one hundred or more casualties. Other types of modern accidents such as a crash in the metropolitan area of a jet refuelling tanker have also to be borne in mind.

The arrangements to be made at Guy's can be best considered under four headings:

1. General arrangements at the Site and at the Hospital.
2. Arrangements in the wards, theatres and resuscitation rooms.
3. Arrangements in Casualty.
4. Arrangements of the Mobile Team.

Under each of these headings are matters of administration, of accommodation, of personnel, and of equipment.

1. GENERAL ARRANGEMENTS AT THE SITE AND AT GUY'S

(a) **Method of Alerting the Hospital.**

The present decision is that the alerting authority will be the Senior Ambulance Officer on duty. The London Ambulance Service have agreed to furnish the Emergency Bed Service and the Inspector-in-Charge of the Information Room at New Scotland Yard with the following information immediately notification of a major accident is received by Ambulance Control:

(i) A brief description of the major accidents and the time of its occurrence.

(ii) The estimated number of casualties.

(iii) The name(s) of the Hospital(s) which has/have been alerted to receive casualties.

(iv) Whether or not a request for a Mobile Medical Team (or Teams) has been made by the London Ambulance Service and, if so, by which Hospital(s) it is/they are being provided.

The E.B.S. will co-operate by alerting neighbouring hospitals and by diverting acute emergencies to other hospitals than those known to be handling 'disaster' casualties. The Senior Watch Keeper on duty will also immediately inform the S.A.M.O. of the South East Region.

(b) **Control at Site of Accident:**

The Fire Brigade have the responsibility for initiating the rescue plan. The Fire Brigade Control Unit will act as the focal point for all services including medical services. Medical teams arriving at the incident will report to the Control Unit and will set up a Casualty Post nearby to facilitate complete liaison between the Senior Fire Officer and the Senior Medical Officer present. The Brigade communication network will be made available for the transmission of urgent messages originating from the Senior Medical Officer.

The Police will co-operate in traffic control and in the control of crowds. On receiving the information from Ambulance Control, Scotland Yard will arrange for a police car or cars equipped with R.T. to proceed to the alerted hospitals in addition to the R.T. car detailed to proceed to the scene of the accident. This arrangement will enable vital information to be passed from the scene of the accident to the alerted hospitals with the minimum delay.

(c) **Allocation of Specific Areas to Designated Hospitals:**

At a meeting convened by the Regional Board on the 6th March, 1958, of representatives of South East Hospitals, there was strong support for the suggestion put forward by Guy's that the Region should be divided into precisely delineated areas and that each area should be designated to the major hospital in it. This hospital would have the first and the major responsibility for the reception of casualties, and, most important, for the provision of the Mobile Team. The Senior Medical Officer of the Mobile Team would be the Senior Medical Officer at the site of the accident, responsible for medical advice to the Chief Fire Brigade Officer. Additional Mobile Teams and reinforcements from other hospitals would be called as required and on his advice.

The arguments for this suggestion of designated areas to major hospitals appear to be strong. In general, the arrangement would ensure that casualties reached not the nearest empty bed, but the nearest best equipped bed, taking 'equipped' to cover full surgical facilities, specialist aid, X-ray, resuscitation accommodation, etcetera. It also ensures that the Senior Ambulance Officer knows automatically which hospital, and therefore which team, are his major and senior medical advisers for any given accident. It avoids the very real possibility of fusion, and even dispute, between teams from different hospitals arriving at the site of the accident. It provides an arrangement whereby teams from major hospitals work inside their own areas as No. 1 team, and are available as reinforcement to the No. 1 team in accidents outside their areas. Further, by designating the responsibility by area to major hospitals it makes the early arrival of a senior doctor of consultant status very certain, because it is the larger hospitals which have the resources to supply consultants to go out with the team.

It has, however, at present been decided that there will be no such designation of areas to major hospitals.

(d) ***Responsibility within the Hospital:***

Overall responsibility at Guy's rests of course with the Superintendent, or in his absence with his Deputy. On receipt of the message from the London Ambulance Service that a major accident has occurred and that casualties will be sent to Guy's, the Superintendent initiates the arrangements within the Hospital. The information of the accident is passed at the same time to the Take-in firm. The responsibility for the care of casualties in the wards, theatres, and resuscitation rooms rests on the Take-in Surgeon for the week. In the absence of the Superintendent and Take-in Surgeon, the Take-in Surgical Registrar is responsible for hospital, ward, and theatre arrangements. Responsibility for the Casualty Department is that of the Consultant in charge of Casualty, and in his absence the Take-in Medical or Obstetric Registrar.

(e) **Number of Casualties to be Admitted:**

A figure of casualties at which it is estimated that hospital facilities will become saturated, has to be fixed. At this figure ambulances will have to be diverted to neighbouring hospitals. It is suggested that when such alternative accommodation is available, the upper limit admitted to the Hospital should be fifty patients. This would clearly have to be increased if total numbers or transport circumstances made it necessary.

(f) **Evacuation of Patients:**

On information of the accident, steps for the evacuation of surgical (and later medical) patients fit to be evacuated plus the putting up of extra beds to give a total approximate to the estimated arrivals, should be put into operation by the Superintendent, or in his absence the Take-in Surgical Registrar.

(g) **Extra Personnel:**

Additional staff to be called automatically to the Hospital:

(i) The Transfusion Officer should be called via the Pathology Services.

(ii) An additional Radiographer.

(iii) An additional Pharmacist.

Additional Consultant Staff would be called on the decision of the Take-in Surgeon.

(h) **Mortuary Space:**

It is agreed that a hospital is the best site for a mortuary for the dead from such an accident, and provides a suitable location for identification by relatives. Provisional selection of this space is necessary.

(i) **Communications and Public Relations:**

Public relations like the overall authority for all arrangements devolve upon the Superintendent. No Press should be allowed into the Hospital except on his authority, and no photographers without his express approval.

It is noted that the Police have agreed to place a vehicle with R.T. at the disposal of the Hospital with direct contact to the site of the accident.

The suggestion that ex-directory telephone lines might be necessary has on investigation been found not to be the case. The Hospital has available a number of such lines, which could be used for recalling extra staff and which would not be blocked by incoming enquiry calls.

The Police envisage setting up a Public Relations Office somewhere near the scene of the accident to answer enquiries from the public. The B.B.C. would co-operate by informing the public of the telephone number of the office, and by asking that all enquiries be made direct to this office.

2. ARRANGEMENTS IN THE WARDS, THEATRES and RESUSCITATION ROOMS

These are the responsibility of the Take-in Surgeon plus the Take-in Orthopædic Firm. It is the decision of the Take-in Surgeon to ask for additional anæsthetic and other help for ward and theatre care.

(a) **Equipment:**

The equipment present at the Hospital for the routine surgical Take-in should be sufficient to care for the early casualties and should give sufficient time for the preparation of additional theatre and ward equipment for the calculated extra numbers.

(b) **Medical Personnel Always Available Within the Hospital:**

It is relevant here to assess the number of doctors present or readily available within the Hospital at any one time:

(i) A Take-in Surgical Registrar.
(ii) A Take-in Orthopædic Registrar.
(iii) A Take-in Medical Registrar and Junior Medical Registrar.
(iv) A Take-in Obstetric Registrar.

There are almost certain to be also present a minimum of twelve to fifteen House Officers.

There are also likely to be present adequate students in hostels, and nurses in the Nurses' Home to provide immediately the personnel for a Mobile Team, and some extra staff for casualty and the resuscitation rooms.

(c) **Blood Transfusions and Dextraven:**

The Region have confirmed that the Sutton Blood Bank will immediately supply to their full capacity demands for blood in the event of a major accident.

Dextraven, which is the most suitable colloid plasma expander other than blood, can be stored virtually indefinitely. It is suggested that one hundred pints of Dextraven be kept in the Dispensary. It should be pointed out that prior administration of Dextraven causes no difficulty to Pathologists in any later grouping that may be necessary.

3. ARRANGEMENTS FOR THE CASUALTY DEPARTMENT AND THE MOBILE TEAM

It is suggested that the organization of the Casualty Department and that of the Mobile Team be considered together from the point of view of administration. Clearly the responsibility and the major volume of work is first at the site of the accident and subsequently moves to the Casualty Department. Reinforcement of the Team from the Casualty Department and vice versa makes it desirable to have these administered as one unit.

(a) **Number of Casualties:**

It is again stressed that the present Casualty Department cannot give appropriate treatment to more than twelve serious casualties at one time. It is, therefore, suggested that when information is received that the number of severe casualties is in excess of twelve, orders be given for the clearance of the Out-patient Hall and Back Surgery. Casualties would then be admitted direct to the Out-patient Hall.

(b) **Resuscitation Rooms:**

The Back Surgery could provide resuscitation rooms for those not resuscitated in the wards. It would come under the responsibility of the Take-in Surgeon.

(c) **Reception and Out-patient Treatment:**

The remaining part of the Out-patient Hall would be for the reception and sorting of casualties. The Casualty Department would be used for the treatment of ambulatory casualties after sorting.

(d) **Staff of Casualty and Mobile Teams:**

For the Casualty Department and Mobile Team together there would be:

1 Consultant—the Surgeon in charge of Casualty.

2 Registrars—one Medical and one Obstetric, both reporting to the Casualty Department on information of the accident. The Medical Registrar mobilizes the Team and takes it to the Site. The Obstetric Registrar is in charge of Casualty until the arrival of the Consultant.

6 Casualty Officers or equivalent.

10 Dressers.

10 Nurses.

The Resident Anæsthetist should be allocated to the Casualty Department during this period.

This total staff would be deployed between the incident Site and the Casualty Department on the Consultant's authority as indicated.

4. THE MOBILE TEAM

There was general agreement at the meeting convened by the Region in March that the Senior Medical Officer of the Mobile Team, at least in the early stages, should be of Consultant status. It is therefore suggested that the Surgeon in

charge of Casualty should be in charge of the Mobile Team. In the event of his not being immediately available, the Medical Registrar would be in charge of the Team, *pro tem*, and take it to the scene of the accident. Other members of the Team for a major accident would comprise two Casualty Officers, four Dressers and four Nurses. It should be noted under these arrangements that an additional six nurses should be available to go to the Casualty Department in the event of a major accident.

(a) **Documentation by Mobile Team and the Casualty Department:**

The provision of a standard simple form is suggested comparable to, but not as complicated as, the A.F. 3118. That it can be tied to the patient is considered essential. On it the name of the patient, provisional diagnosis, treatment, and times of such treatment as morphia and transfusion should be recorded. It should accompany the patient during the move from the site of the accident, through the Casualty Department and into the wards. The Civil Defence card is suitable and supplies of these are to be kept in the Mobile Team's paniers.

(b) **Dress of the Mobile Team:**

It is of obvious importance that doctors and medical personnel be recognized as such at the site of the accident. Thus white coats should be stacked with the paniers. The Matron has considered the supply of suitable uniforms for nurses at the site of the accident. As nurses now have outdoor uniform, it seems from the point of view of storage and the difficulties imposed by having ready alternative sizes that the provision of a special uniform for nurses is not necessary. Six additional nylon aprons and the appropriate label: 'Guy's Hospital' pinned on the uniform might meet the needs.

(c) **Transport of Mobile Team:**

An L.C.C. ambulance is to be allocated to the Hospital for transport of the Team. It will carry with it certain basic equipment, but the Team will take with them their own essential equipment provided in two paniers.

(d) **Stretchers:**

The importance of stretchers which stand on the ground is stressed. There are half a dozen trolleys available in the Casualty Department.

(e) **Equipment of the Mobile Team:**

There is a difference of opinion concerning the scale of equipment suitable for Mobile Teams dealing with mass casualties in the Metropolitan areas. Lewisham experiences appeared to show that nothing but dressing was necessary at the site. There can be no disagreement with the general principle that only the minimum to preserve life and to protect the injured should be done at the site of the accident. Nevertheless, twice in the last twenty years informal teams from the Hospital have been confronted with men trapped in railway trains who have needed surgery at the site. It is also true that very occasionally such patients need transfusions, before transfer or before being extracted. A certain number of major limb casualties are best transported with special splints such as the Thomas splint. Once it is accepted that surgery at the site is occasionally necessary, then basic surgical and anæsthetic equipment must be included.

Unless this equipment is stored and kept ready, there is likely to be delay and omission of necessities when the demand occurs.

This equipment will consist of a basic panier comprising both expendable and non-expendable equipment, planned for the care of fifty casualties; and of duplicate paniers containing the expendable soft equipment for further groups of fifty casualties. It is suggested that these paniers be kept in the Dispensary as they will contain dangerous drugs, and because they will need checking and re-sterilization from time to time.

When the Dispensary is closed it is estimated that up to ten to fifteen minutes may be taken before the Dispensary is opened by the Night Sister. In view of the fact that the Team has first to be mobilized, this time in obtaining the paniers is not considered sufficient to warrant any change in storage of the paniers or in the method of obtaining the keys to the Dispensary.

Size of Panier:

Trial packings have been made of the equipment listed below for both the basic and the duplicate panier, together with the space in the panier necessary for

documents and for six white coats. It has been found that a basic panier (which would also take two Liston splints and an oxygen cylinder) of 8 cu. ft. (4 ft. x 2 ft. x 1 ft.) would be of ample size for this panier. The duplicate panier of soft expendable equipment could be of half this size.

Basic Panier:

Field Dressings—Army type	48
Shell Dressings—Army Type	24
Universal or Mine Dressing	12
(N.B. Certain firms are preparing 'Disaster Packs' which may in time be alternatives to these.	
Gauze bandages: 2—3—6 in.	12
Strapping: 1—2—3 in.	12
Slings	24
Large sterile towels	18
Morphia: ¼ gr. Tubonix	24
Nikethamide	12
Tetracycline 250 m.m. fluid:	12
One bottle of Chloroform.	
30 c.c. 1 per cent. Xylocaine	3 bottles.
Skin pencils	6
Transfusion sets	3 plus 3 bottles of Dextraven.

(ii) **Non-expendable hard equipment for basic panier:**

Syringes: 2—5—10 cc.	1 each.
Large hæmostats	12
Bandage scissors	6
Bone saws	1

(i) **Expendable and Soft Equipment:**

Tracheostomy sets	1
Large curved cutting needles	3
Rack guard	1
Amputation knife	1
Tooth dissecting forceps	2
Airways	6
Anæsthetic masks	2
Esmarck tourniquets	3
Chloroform dropper bottle	1
Rubber aprons	4
Cramer wire: strusts of 24 x 3	4
Liston splints	2
Thomas splints	2
Oxygen cylinder	1
B.L.B. masks	12
Torches—R.N. type	4

It is suggested that an abstract of the arrangements for major accidents be prepared by the Medical Illustration Department and posted in the Casualty Officers' Room.

As has been implied in several paragraphs of the above account, notably those which affect the question of 'designated areas to major Hospitals' and those which concern the equipment for basic surgery at the site, there is room for differences of opinion. I have tried to outline the reasons for the views put here. It must also be kept in mind that there will be differences in arrangements within any of the major hospitals, depending upon their own local and long established conditions. It is clear that resources of man power and supply are easier at Teaching Hospitals, and that a different scale of Mobile Team and of internal medical man power would be available at hospitals with less resources to draw upon.

This account is not official, but includes and indeed is chiefly concerned with arrangements officially approved by the Board of Governors, For purposes of the *Gazette* I have written this description which is not therefore an official expression. As I stated at the beginning, its purpose is to acquaint the Hospital with the arrangements for these important rare emergencies. An official synopsis of these arrangements will be hung in the Casualty Officers' Room.

REPORT FROM NEW YORK

By T. St.J. JENKINS and R. G. CUMMING

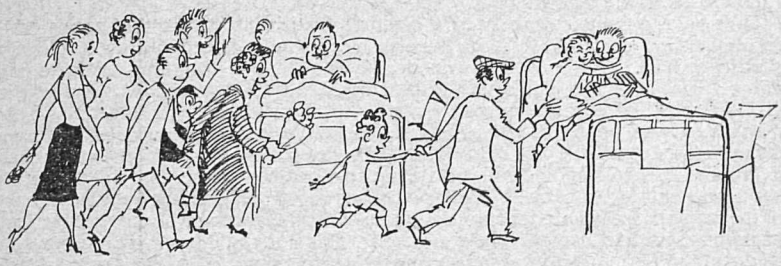
Although New York is composed of five large boroughs, to the outsider, New York is Manhattan Island. Here is the tasteful opulence of Fifth Avenue; the garish jazz of lights in Times Square; the dingy Bohemianism of Greenwich Village; the craggy, squirrel-infested expanse of Central Park and above all, the towering skyscrapers. This is a city of continual change, where demolition and reconstruction proceed at a prodigious rate. A past mayor remarked that the city would be a wonderful place, if they ever finished it. It is easy to see why the rush-mad New Yorker, with his hectic pace of living and working, is progressively succumbing to the sedative charms of tranquillizer and psychiatrist. However, New York is designed for their scurry, from the automats that provide them with almost spontaneous sustenance to the rattling haste of the subways (possibly the worst form of civilized travel). But in the streets where fat cars clog like pigs in an alley, movement is sometimes imperceptible. Double and even triple parking is causing heavy congestion which the police seem powerless to relieve. Little wonder the smaller imported car is having such unprecedented success. One American remarked that it seemed a pity that America had all the cars and Russia had all the parking space. The city suffers from insomnia and seems to sleep only for a few hours on Sunday morning after a really restless week. For the inordinately thirsty and hungry, the bars and "eateries" remain open until at least four o'clock in the morning. No other city bombards its inhabitants with so many temptations to spend: almost anywhere you stand, you can buy. Fortunately we are in the position of being impecunious enough to resist the majority of temptations.

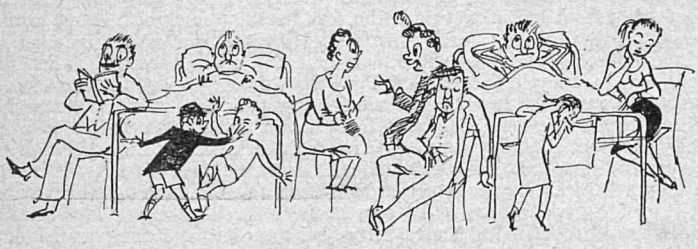
Although New York may at first seem brash and insensitive, its inhabitants have ample opportunity of becoming most discerning "culture vultures." The abundance of art dealers is a small, but significant indication of the city's cultural aspirations. Theatrically and musically one could find little better, while its art collections must now be some of the finest in the world. Many of the national groups that form the vividly cosmopolitan society tend to restrict themselves to poorer areas maintaining much of the habits and language of their original native lands. It is so easy to forget one is in America when strolling through Chinatown, Little Italy, German Town, Harlem, so strong is the former national influence. It would seem that New York has most things for most men, but it is sadly lacking in having no institution that challenges the English Pub. Its bars are either slick, expensively furnished, in clubs and hotels or the dim and sleazy to be found in any side street in Manhattan. And what is this frigid, fizzy, tasteless solution they sell as beer ?

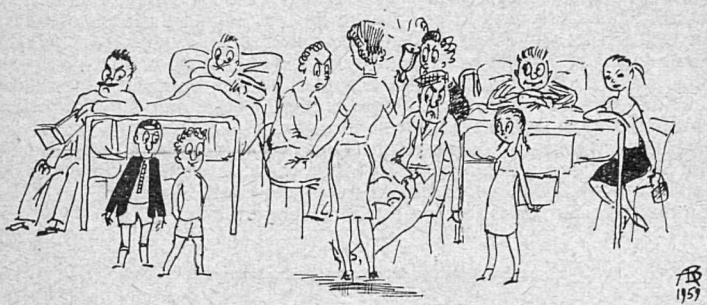
We have appointments at the Guggenheim Dental Clinic, which is a charitable institution which aims to provide complete dental care to public and parochial school children and to present a Fellowship course in Pedodontics for dental graduates. The clinic functions with typical American efficiency and is proud of the fact that it treats one thousand children daily. We do feel, however, that though this is statistically impressive, it is sometimes in excess of the clinic's optimum capabilities. We are impressed with the high degree of sterilization, high speed drills with water spray attachments, the constant attempt to conserve all deciduous teeth, the ready use made of root-filling and pulpotomy departments and possibly above all the intelligent co-operation of the majority of children. Generally speaking, the dental condition is more healthy than in children in England. The clinic is divided up into many speciality departments such as Root-fillings, Pulpotomy, X-ray, Surgery, and each graduate attends all of these departments during the course. The actual graduate community of eighty members is even more polyglot than New York itself, consisting of about twenty-three nationalities. Naturally there is a great deal of ignorance by many graduates concerning their colleagues' native lands and so each country presents a report giving details of social, political, medical, and dental matters. These are proving very successful in spite of the varieties of English spoken. The actual dental lectures are of variable interest and value: a few are merely 'refreshers' nostalgic of the final year at Guy's, while others are stimulating in the presentation of modified techniques and theory.

There is certainly no shortage of dentists in New York, where there is one dentist for every seven hundred of the population. It appears that the majority

WE'VE A WHOLE HOUR . . . , . .







. . . . . WHAT! ALREADY?

of doctors and dentists would be reluctant to adopt a socialized health service although most of them admit that its eventual acceptance in some form is inevitable. Although the public seems to find dental fees rather severe, this does not seem to deter them greatly in that sixty per cent. of the New York population pays regular visits to the dentist.

We have become members of a pleasant British institution that seems oddly out of place in New York. This is the New York Rugby Football Club, a collection of British, Irish, and converted Americans who have a common desire to play rugby. The club is sociable in the best rugger traditions and its headquarters on Thirty-eighth Street are agreeably similar to any clubhouse in England. There is no scarcity of opponents, though great distances have to be covered for many of the fixtures. A little flip of six hundred miles for a pleasant week-end's rugby in Toronto or two hundred miles drive up to Boston to play Harvard University, now seems quite reasonable. This new concept of distance is due to a large extent to the superb six-laned, junctionless State Thruways which almost allow one's maximum speed to become one's average. This coming March we are going to fly down to Bermuda for a sun-soaked week to compete in the annual Rugby Festival. The other fixtures that we have played with such large universities as Yale and Princeton have afforded an opportunity to witness that American phenomenon, college football, An American college football game is a delightful circus. The heavily-armoured "squad" parade into the enormous stadium, many sidekicking and somersaulting, with the team mascot (Brown College had a live bear) and an ear-splitting fanfare from the two college bands. Throughout the match these eighty-piece bands trumpet and drum at the variable successes of its crash-helmeted heroes. Rugger enthusiasts may complain that the game is overplanned and too technical, limiting spontaneity; there is too much substitution; that the actual ball-players are the few backs, "blocking" being virtually the "linesman", or forward's, only function. However, our rugger matches that usually follow these games, though well fought and played seemed rather sober by comparison. Couldn't Honor Oak Park do with a few drum majorettes ?

Dentistry has afforded us with a wonderful opportunity to visit and comprehend a fascinating country as well as benefit from a new dental experience. We have made many excellent acquaintances, American and British, and are very impressed with the splendid hospitality of the American homes we have visited. It is unfair to judge such a vast country as America by New York, which is possibly the most un-American of American cities. To correct any false illusion we have acquired, we intend a grand tour of the States before we return to the complexities of the National Health Service.

The Quodlibet Society

The Society was fortunate to have Sir Miles Thomas as its guest on Thursday, 5th February. The advertised subject of his talk was 'The value of speed', but he changed this title a few days before the meeting to 'Should business interfere with pleasure ? ; in fact with great dexterity he included both subjects in his address. Sir Miles advocated a life of work from which the individual could derive pleasure. It was clear that he had achieved this wherever he had worked: Morris Motors, B.O.A.C. or Monsanto Chemicals. He discussed a large number of topics raised by members, ranging from the problems of early specialization to a rather envious enquiry if it was necessary to change one's business frequently in order to enjoy it.

The Society has a different member in the chair for each meeting, and on this occasion Mr. Roy Meadow, as chairman, expressed the gratitude of the fifty people present to Sir Miles for a most interesting evening.

S.R.M.

PEDAGOOGLY.—XVI

If he does not pay attention
Should we punish wayward Hal ?
One small point deserves a mention—
Honi soit qui petit mal.

GUY'S HOSPITAL DENTAL SCHOOL

ANNUAL CLINICAL MEETING

PROGRAMME—7TH MARCH, 1959

Morning Session (10 a.m.—12 noon)

PHYSIOLOGY LECTURE THEATRE, MEDICAL SCHOOL

12 noon. "Prosthetic problems and their treatment" .. .. Mr. K. P. Liddelow

DENTAL LECTURE THEATRE, OLD PATHOLOGY BUILDING

10.30 a.m. Film—"Root resection under nitrous oxide and Thiopentone" .. .. Mr. A. R. Thompson

Film produced by Mr. A. D. Robinson and Miss Whiteley, Photographer.

THEATRE No. 3

10 a.m. An operation .. .. Mr. J. W. Mansie
Anaesthetist :

11 a.m. Mandibular osteotomy .. .. Mr. D. M. Macdonald
Anaesthetist : Dr. P. J. Helliwell

DENTAL DEPARTMENT

Ground Floor

X-ray Department

Interesting radiographs .. .. Dr. F. L. Ingram
Radiation hazards .. .. Mr. P. A. Long

Department of Preventive Dentistry

Table Demonstrations :

1. Radiographic assessment of approximal caries .. .. Mr. R. D. Emslie
2. Treatment of the periodontal abscess .. .. .. Mr. M. S. E. Gould, Mr. D. R. Taylor

Surgical Demonstration :
Surgical treatment of a periodontal abscess .. .. .. Mr. S. J. Zamet
Clinical Cases treated in the Department .. .. Mr. R. D. Emslie, Mr. M. S. E. Gould, Mr. D. R. Taylor
Bacteriological exhibits .. .. Mr. C. W. T. Shuttleworth
Laboratory tests for caries activity .. .. Mr. W. Sims

Casualty Department

Dry Sockets .. .. Mr. N. W. Bryan, Mr. J. Metcalf

First Floor

Department of Dental Prosthetics

Clinical Cases .. .. Professor H. R. Fenn
Factors which predispose to fractured dentures .. .. .. Mr. D. J. Neill
Palateless upper dentures .. .. Mr. E. McK. Sycamore
The aesthetic denture .. .. Mr. R. D. G. Gain
Exhibit of Students' work

Special Anatomy

Demonstration in the teaching of Special Anatomy .. .. Mr. R. O. Holland and Mr J. W. Osborn

Dental Photographic Department

Large colour transparencies for display .. .. Mr. A. D. Robinson and Miss Whiteley, Photographer

Department of Dental Medicine

Pathological specimens and sections .. .. Professor M. A. Rushton and Mr. B. E. D. Cooke

Second Floor

Clinical Room I

11.30 a.m.
Retrograde root filling and resection of a lower incisor .. .. Mr. A. R. Thompson
Anaesthetist : Dr. W. S. McConnell

Cubicle

Minor Oral Surgery .. .. Mr. A. J. Bridge

Professor's Room

Operative Dental Surgery .. .. Professor W. E. Herbert

Conservation Room

The air turbine .. .. Mr. W. A. Vale
An inexpensive clinical photographic outfit for the Dental practitioner .. .. Mr. A. D. Robinson
Endodontia .. .. Mr. A. H. R. Rowe and Mr. W. C. McLachlan

The treatment of the grossly carious cavity	Mr. D. London
Matrix bands	Mr. P. Frank
Indirect inlays—possible causes of inaccuracies	Mr. W. Boyle and Mr. J. E. Cardwell
Aids to modern cavity preparation	Mr. J. P. I. Rose
Avoidance of pain from injections for local anaesthesia	Miss B. Langrish
Children's Department	
" Any Questions ? "	Mr. R. E. Rix
" Do's and Don'ts " in Orthodontics	Mr. W. J. Tulley
Visual aids in teaching	Mr. A. C. Campbell
Treatment of Angle's Class III malocclusion	Mr. R. W. Willcocks

Clinical cases will be shown by members of the staff.

Afternoon Session (2-4 p.m.)

DENTAL LECTURE THEATRE

2.30 p.m. Lecture : Cases referred by practitioners — Professor M. A. Rushton

DENTAL DEPARTMENT

Ground Floor

X-ray Department	
Interesting radiographs	Dr. F. L. Ingram
Radiation hazards	Mr. P. A. Long
Department of Preventive Dentistry	
Table Demonstrations :	
1. Radiographic assessment of approximal caries	Mr. R. D. Emslie, Mr. D. R. Taylor
2. Treatment of the periodontal abscess	Mr. S. J. Zamet
Surgical Demonstration :	
Gingivectomy by electro-section	Mr. M. S. E. Gould
Clinical cases treated in the Department	Mr. R. D. Emslie, Mr. D. R. Taylor, Mr. S. J. Zamet
Bacteriological exhibit	Mr. C. W. T. Shuttleworth
Laboratory tests for caries activity	Mr. W. Sims
Casualty Department	
Dry Sockets	Mr. N. W. Bryan, Mr. J. Metcalf

First Floor

Department of Dental Prosthetics	
Stability in relation to tongue space	Mr. R. B. Johns and Miss J. Elliott
An evaluation of soft denture linings	Mr. C. J. Lambert
Position of teeth in relation to the neutral zone	Mr. E. Silcock
Exhibit of Students' Work.	
Dental Photographic Department	
Large colour transparencies for display	Mr. A. D. Robinson and Miss Whiteley, Photographer

Second Floor

2 p.m. Clinical cases will be shown by members of the Dental Visiting Staff.

Clinical Room I	
The mesio-angular third molar	Mr. C. I. Hagger
Professor's Room	
Clinical cases	Professor W. E. Herbert
Conservation Room	
The air turbine	Mr. W. A. Vale
Endodontia	Mr. A. H. R. Rowe and Mr. W. C. McLachlan
The treatment of the grossly carious cavity	Mr. D. London
Porcelain stains	Mr. P. Ayling
Indirect inlays—possible causes of inaccuracies	Mr. W. Boyle and Mr. J. E. Cardwell
Avoidance of pain from injections for local anaesthesia	Miss B. Langrish
Pulp amputation in young permanent teeth	Mr. J. N. James
Children's Department	
Treated cases	Mr. K. E. Pringle
Orthodontic research methods	Mr. W. J. Tulley
Treatment of Angle's Class III malocclusion	Mr. R. W. Willcocks
Some cases under treatment	Mr. M. S. E. Gould and Mr. H. D. A. Hope

Clinical cases will be shown by members of the Staff.

Tea will be served on the First Floor of the Dental Department at 3.30 *p.m.*

MEDICOS LOOK AT . . .

It may seem a strange departure for the *Gazette* to include correspondents' comments on what is happening or has happened in London. However, we profess to be members of a learned profession, and that may mean being learned or even interested in many things outside medicine and dentistry. Living in or around London gives one a unique opportunity to participate in the cultural life of that city and it is hoped that comments on anything which could be included in that term will interest readers and even provoke them into going "to see for themselves". It has to be admitted that it is better to do many of these things oneself but most of us are amateurs at whatever we do, and although sometimes discouraging, it is good to see what the experts and not so expert are doing.

Perhaps some readers are put off by the word "cultural" but one hastens to assure them that the word is used in its widest sense and it is hoped to include comments on anything and everything, although it has to be admitted that most of the subjects covered would be called cultural in its accepted limited sense. Bernard Miles in an interview in *The Times* on the 23rd January, 1959, put it well when he said that after 25 years on the stage he saw no essential difference between the Palladium and Christopher Fry or Iago and that he wanted to create a common platform on which the distinctions between highbrow and lowbrow were resolved. He hoped to include at the Mermaid periodic variety and a yearly pantomine, as well as Molière and new plays.

It is now too late to see Ibsen's "Ghosts" at the Old Vic but almost any of Ibsen's plays can be recommended. "Ghosts" is one of his best known and can be regarded even today as one of his most daring plays. Support for free love, attacks on religion, congenital syphilis are still strong meat in the theatre, and the effect they produced in 1891 when the play was written can well be imagined. Apparently its hostile reception provoked the author's writing of "An Enemy of the People", a play of particular interest to doctors since the hero is a Medical Officer fighting to clean up the local baths on which the prosperity of the town depends. "Ghosts" was not played in London for 10 years after its publication and even in 1926 it had not yet been relieved of the censor's bar on its public performance. Ibsen's technique of unfolding the background of the play in the first act and of showing how people are not quite what they appear to be on first seeing or hearing about them, is at its best in this play. Each curtain leaves one waiting impatiently and almost anxiously to find out what happens next. Finally, there is the terrifying ending of what can only be described as wonderful theatre but not very good medicine.

The students of architecture have been getting themselves in the news lately with their demonstrations against (and for) some of the buildings going up in London at the present time. They demonstrated against two of the new buildings and in favour of the Bowater building (all of these are in Knightsbridge near what will be known as the Edinburgh Gate into Hyde Park). They protested against the proposed building for the headquarters of Barclay's Bank and are holding a protest against another which is planned to be an imitation Renaissance structure. An obvious layman's comment before protesting is that it is difficult to see many of the new buildings properly. Take a walk around St. Paul's early in the Spring and try to get an idea of what each of the new buildings looks like. One is either too near, or if further away, one's vision is obscured by something which gets in the way. The solution would have been to have fewer buildings, space them out so that each could be seen fairly easily and at the same time plan the area as a composite whole with St. Paul's at the centre. We might then have had a beautiful City of London and less traffic chaos, but land in the City is very valuable and must be built upon . . . The Bowater building in Kensington can be seen easily both from the front and from the back which is in Hyde Park itself. An attempt has been made to present something which although fairly uniform is not imitation as is the proposed Barclay's Bank headquarters. The whole building has a modern look and different materials have been used to get over what seems to be the main problem of modern buildings—their uniformity. Too much decoration can ruin the front of buildings—the Victorians proved that—but the curtain wall effect of many modern buildings is monotonous. The different

heights of the various parts of the building give an impression of horizontal and vertical pieces, which is not unpleasing. Driving a road through the middle of the structure into Hyde Park was a brilliant idea and one looks forward to seeing the Epstein sculpture which will be placed there.

For those who are interested in buildings the le Corbusier exhibition in the Building Centre, beginning on 3rd February, should be of great interest. His ideas on buildings extend beyond the structures themselves and what he wants to do impinges on various aspects of living, many of which are important to doctors. Public health may be thought of as housing, sanitation and such like; it can also include a mode of living imposed on the inhabitants of a housing estate with all the effects that that mode of living may produce on the people living there. "Suburban Neurosis" was the title of an article in the *Lancet* about two years before the last war and it dealt mainly with the woman who presented herself at the doctor's surgery with very varied symptoms. The doctor who wrote the article was convinced that the patient's illnesses were due to the life led by these women in new housing estates—they were lonely, bored and too far away from their relatives and friends. We must be interested in the social aspects of new housing estates and the new towns, not only in their planning.

CORRESPONDENCE

Letters to the Editor of the Gazette

Guy's Theatre Club

SIR,—May I inform your readers of the forthcoming production of the Guy's Theatre Club ? The play chosen is "My Three Angels". by Sam and Bella Spewack, and has won deserved fame as an hilarious comedy on both sides of the Atlantic. Four years ago it was made into a film, "We're No Angels", which was very successful.

This will be the first production for the Theatre Club by Emeric Vadasz, and many of the cast are making their débuts on the Guy's stage. We hope that this play will be as well supported as was "The Crucible" last November, and I am sure the evening will be as well spent.

Tickets, which are free of charge, will be obtainable outside Smith's bookshop in the Park between 12.30 p.m. and 2.0 p.m. each weekday from Wednesday, 18th February, or may be obtained on written application to the Business Manager, Guy's Hospital Theatre Club. There will be a collection during the interval or donations may be sent to the Secretary.

The performances will be in the Physiology Theatre, at 7.30 p.m., each evening. from Tuesday, 3rd March, to Friday, 6th March, with a Public Dress Rehearsal on Monday, 2nd March.

Yours etc.,

RICHARD A. LEWIN,

Hon. Secretary, Guy's Hospital Theatre Club.

Guy's Hospital, S.E.1.

Pedagooglies

SIR,—As the anonymous author of Pedagooglies has been so vigorously ridiculed for his recent error over the *Skye Boat Song*, I should like to say a word in praise of his brilliantly witty and succinct rhymes, which have been quite the best feature of the *Gazette* in recent weeks.

Yours etc.,

BRICE M. PITT, M.B., B.S., D.P.M.

c/o Officers' Mess,
British Military Hospital,
Singapore.

John Keats

From Mr. F. N. Doubleday

SIR,—By permission of the Dean, the Keats-Shelley Association is holding a meeting in the Anatomical Theatre at 5 p.m., on Monday, 23rd February, the anniversary of the death of Keats in Rome. A lecture illustrated by lantern slides, will be given by Dr. C. T. Andrews, M.D., F.R.C.P., entitled, "John Keats and the Scottish Walking Tour" ; a short cinematograph film of some of the scenery will also be shown by Dr. Speed.

John Keats has a wider international acknowledgement than any other man who has been at Guy's. I hope that many Hospital people will come to this meeting, to which they are especially invited.

Yours etc.,

F. N. DOUBLEDAY.

Hartland, Moores Road,
Dorking, Surrey.

The Grand Ball

SIR,—I would like to take this opportunity of thanking all those who have helped to make the Grand Ball, held on Friday, 30th January, such a great success. This is only the second time that a combined ball representing every section of the Hospital has come about, and it appears that on this occasion it was even more successful than it was last year.

Dancing at the Festival Hall to Bill Savill and his Orchestra went on from 11.0 p.m. to 5.0 a.m., the only breaks being for "The Major's" bagpipe recitals which were greatly enjoyed by all, both for listening and dancing.

We are very grateful to Mrs. Eckhoff for having presented the raffle prizes, and we would also like to thank the various people associated with the Hospital who gave us the prizes. These were:—

The Students' Club Bar Committee.
Messrs. Matthew Arnold.
Messrs. Courage & Barclay Ltd.
Messrs. Flowers Breweries Ltd.
Messrs. Ash & Co. Ltd.
Messrs. Baldwin Ltd.
Messrs. Pepsodent Ltd.
Messrs. Down Bros. & Mayer & Phelps Ltd.
Messrs. Richard Hudnut Ltd.
Messrs. Ronson Products Ltd.
Messrs. Spicers Ltd.

And of course our special thanks go to the Chairman of the Ball Sub-Committee, Mr. Eckhoff, whose untiring efforts were the basis for our success.

Yours etc.,

M. V. SMITH,
Hon. Ball Secretary.

Guy's Hospital, S.E.1.

SPORT

RUGBY FOOTBALL

Guy's v. Coventry

At H.O.P. 7th February, 1959

Result—Lost 3-9

In their return match with Coventry, Guy's put up a much better performance than in the first game, and gave Coventry, much weakened by County calls, a hard fight. During the game Guy's were handicapped by the loss of Hawley, for because of a cut above the eye he was off the field for the second half of the first half and the first minutes of the second. During this time Coventry scored two tries, and Guy's then scored theirs.

For the first twenty minutes or so, Guy's seemed to be just on top, though Coventry were unlucky not to score, when Myall just got a foot to the ball over the Guy's line a second before a Coventry man would have touched down. Soon afterwards Hawley sustained his injury, and Bryant was taken out of the pack to replace him. The Guy's forwards fought hard, and Coventry gained little advantage. May was prominent with some good covering.

However, Coventry went into the lead when they scored an unconverted try over on the right. Shortly afterwards they increased their lead, when a kick ahead over the Guy's line enabled their left wing to out-pace the defence and score a thrilling try. This too was unconverted.

Half-time score: Guy's 0, Coventry 6.

Guy's started off the second-half well, and within a few minutes had reduced arrears with

a good try. Egwuata made a lot of ground down the right wing before being checked a few yards from the line. A scrum resulted, and Nicholas took the ball on the blind side before passing to Knight who hurled himself over the line. The try was unconverted. Hawley now returned, and played on the wing. Guy's were throwing the ball about, but were being well held by the Coventry defence.

Then Coventry increased their lead when the scrum half broke on the blind side, and ran through some poor covering before passing to his wing who scored wide out. This completed the scoring, though once or twice Egwuata threatened along the right wing.

Result: Guy's 3, Coventry 9.

Team: R. Myall; C. J. Wright, I Baker, R. T. Hawley, V. Egwuata; N. F. Boyd, J. Nicholas; R. W. May, W. M. Patterson, A. C. Knight, B. Blackwell, P. W. R. Harris, D. A. Lloyd-Edwards, A. P. Buirski (capt.), D. Bryant.

Junior Hospitals' Rugby Cup Match—1st Round

Guy's v. Royal Free Hospital and London School of Pharmacy

Result—Won 24-3

As winners of last season's Junior Hospitals' Rugby Competition the fine performance of the 2nd XV in this match holds promise of no less an achievement this season. The 2nd XV are a well balanced side with a mobile hard working pack of forwards and a line of backs that combine well and are individually capable of some purposeful play.

Guy's kicked off on a ground that was both hard and slippery and the forwards were soon pressing in the opponents' half. From a loose scrum Sanders placed a good cross-kick for Leyshon and Everitt to gather and from a return pass dropped a goal. From the opponents' kick a quick heel from a loose scrum was followed by a fine break by Leyshon whose well timed pass to Biggs enabled the wing to make use of his speed and score in the corner. The conversion failed. It was now the turn of the Guy's forwards who ably led by their captain Gritton, had been backing-up and playing very well. From a line-out they dribbled over the line and scored in the corner. A fine kick by Pagliero converted the try.

Play then entered the Guy's half and the opponents' were awarded two penalties which were successfully cleared. Pagliero played a prominent part with some fine fielding and touch kicking.

A good Guy's three-quarter movement brought play back into the opponents' half where a forward pass five yards from the line prevented a try. However, a subsequent penalty found Pagliero once again making no mistake.

Half-time Score : 14-0.

In the second-half Guy's were soon on the attack again. O'Grady making use of an excellent service from Murray who played a good game at scrum-half, made a determined forty yard run and was magnificently backed up by his forwards. From a kick ahead Chisholm, who had been a constant source of worry to the opposing three-quarters with his speed and ferocity on the loose ball, just failed to touch down. From a scrum O'Grady placed a well judged cross-kick for Leyshon to gather and selling a dummy he cut through for a try which was converted. However, a lapse in the Guy's tackling enabled the opposition to score in the corner. Unperturbed, Guy's were soon in possession again and O'Grady with a dummy scissors cut through the opposing three-quarters only to be stopped on their 25. From the ensuing scrum Jackson and Chisholm were quickly up on the opponents' fly-half and dribbled the loose ball on for Chisholm to score between the posts.

The few remaining minutes saw the Guy's forwards hustling their opponents in no uncertain manner and this concluded a most enjoyable exhibition of rugby by the Guy's side.

Team: K. M. Pagliero; D. Biggs, M. D. Sanders, J. Leyshon, P. Everitt; D. J. O'Grady, M. Murray; M. Jacoby, K. Robertson, G. Bury, G. Williams, J. Cook, P. D. Jackson, J. Gritton, I. Chisholm.

Guy's 'A' XV v. St. Bartholomew's 'A' XV

4th February, 1959

Result—Won 8-3

After an even first-half, Guy's had the advantage in the second-half, and won this game fairly comfortably. When roused, the pack played well, with Gritton and Jacoby always to the fore. Behind them the backs ran and handled well and always looked more dangerous than the Bart's men. Pagliero, at full-back, fielded and kicked well, and came up to make the extra man to some effect.

The first-half was a hard struggle between the teams with no territorial advantage, play swinging back and fro from end to end. Bart's looked dangerous when they used the inside cross kick from the wings, but were unable to penetrate the Guy's defence. Pagliero went just wide with a penalty, and this was the closest that Guy's went to scoring.

In the second-half Guy's got on top. They took the lead when O'Grady made a fine break from about 35 yards. He passed on to Leyshon who drew the full-back before passing to Everitt who had a clear run in. The kick, from about half-way out, was not successful.

Bart's drew level almost from the restart. Some poor covering and weak tackling allowed their left wing to slip over in the corner. This try was unconverted. Shortly afterwards Guy's went into the lead again. A Bart's passing movement broke down inside their own 25, Leyshon was up to gather the ball, and he flashed over for a very good try. Pagliero converted this so Guy's now had a five point lead. This proved to be a winning margin, for the Guy's pack were well on top by now, and had little difficulty in holding out the Bart's side.

Score: Guy's 'A', 8, St. Bartholomew's 'A' 3.

Team: K. M. Pagliero; D. Biggs, J. Leyshon; M. Sanders, P. Everitt; D. O'Grady, M. Murray, M. Jacoby, K. Robertson, P. Jackson, J. Cook, G. Williams, I. Chisholm J. Gritton, C. Evans.

BOXING

University of London Championships—Blott Cup

29th January, 1959

(*Contests—Guy's names first*)

Fly-Weight—J. Weedy *v.* P. Stribhibhadh (I.C.)

In the fly-weight final J. Weedy making his first appearance for Guy's met the reigning champion—a more experienced and stronger opponent. Weedy never missed an opportunity to attack and boxed intelligently—however, his opponents stronger body punching earned him the decision in the 3rd round.

Bantam-Weight—M. Reeve *v.* R. Kirpalani (I.C.)

M. Reeve just back from holiday didn't quite reproduce his usual fast aggressive brand of boxing and lost on points to the reigning champion whom he had decisively beaten six weeks previously.

Light-Weight—

E. Chater drew a bye to the final—the qualifying finalist withdrew at the last moment, thus giving him a walk-over.

Light-Welter Weight—

I. Francsics *v.* G. Yorke (I.C.)

Yorke, another champion, was much too business-like for Francsics, a newcomer to Guy's boxing.

Welter-weight—

P. Leopard *v.* R. Walker (R.V.C.)

The Guy's captain P. Leopard, did more than enough to win this final on points but inexplicably was adjudged loser—even the referee raised surprise at the judges' decision !

Light-Middle Weight—

D. Stubbs *v.* C. Breslaw (Chelsea)

D. Stubbs, another newcomer, gave an exceptionally good display—narrowly losing the first two rounds he put in a storming finish just failing to snatch the decision—Breslaw—the eventual champion—knocked out both his next two opponents.

Light-Heavy Weight—

1. M. Loader *v.* D. Hitchcock (R.V.C.)

M. Loader lost to a tall gangling boxer with an awkward style. An aggressive boxer, Loader will do much better when he learns to keep his gloves up all the time as he is apt to walk into stray punches when he is tiring.

2. S. McH. Young *v.* P. Vine (I.C.)

S. McH. Young, really a middle-weight, produced some good straight left boxing against a heavier but older opponent—taking the fight to his opponent Young won easily on points.

3. S. McH. Young *v.* J. Abrahams (R.V.C.)

After a very short respite Young had the misfortune to meet the University Captain in the the semi-final. A widely experienced fighter, Abrahams didn't waste much time in this and his next contest in showing his obvious superiority.

Heavy-Weight—

A. C. Williams lost to the reigning champion but not before he had entertained the audience in his own particular manner.

THE CROSS COUNTRY CLUB

The Hospital Cross Country Club has had a successful season so far in spite of a initial set-back when we relinquished the Minor Colleges Cup in the London University Championships to the Royal Veterinary College. Our position was eleventh out of twenty-four Colleges. We had, however, beaten the Royal Vets. five weeks earlier by 45-62 points.

We beat King's College "A" team in a close match under submarine conditions and in which we eventually proved the stronger swimmers.

In an informal relay race in Regents Park we took second position to St. Mary's Hospital —we, however, trounced them later in another relay at Chislehurst, organized by St. Bartholomew's Hospital.

Amongst names that deserve mention Davies, Rickett and Phipps, have been running consistently well, whilst Parrott, Huddy and the freshmen Oni-Orisan, have lent valuable support. We are sorry to lose Huddy from the team and we will miss his encouragement and never failing sense of humour.

We have been lucky to obtain the use of Thames Hare and Hounds Headquarters at Roehampton for the final burst of training before Kent Hughes Championships on 14th February. We have learnt to appreciate the luxury of a Victorian hip bath in which their members still indulge.

Team :	J. W. S. Rickett	J. Oni-Orisan
	A. Davies	R. B. Huddy
	A. J. Parrott	D. Moore
	P. Phipps	J. Mitchell

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Registrar (mid-grade) in the Thoracic Surgical** Unit at Guy's Hospital, with duties commencing on 1st April, 1959. Applicants should hold a higher surgical qualification.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **19th February, 1959.**

GUY'S HOSPITAL MEDICAL SCHOOL, S.E.1

Applications are invited for the post of **Pre-Clinical Tutor** at Guy's Hospital Medical School, with duties commencing on 16th April, 1959.

Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **20th February, 1959.**

GUY'S HOSPITAL S.E.1

Applications are invited for the post of **Medical Registrar** at Guy's Hospital with duties commencing as soon as possible after 1st March until 30th September, 1959.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **20th February, 1959.**

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Assistant to the Director of the Department of Conservative Dental Surgery**, with attendance on six sessions a week. Salary in the scale £735 x £55 to £1,065 (bar) x £55 to £1,175, according to qualifications and experience, with superannuation and Family Allowance.

The appointment will be for a period of one year in the first instance, with duties commencing as soon as possible. Application should be made on a form to be obtained from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **Saturday, 28th February, 1959.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1

Applications are invited for the post of **Non-Resident Senior House Officer** in the Casualty Department for six morning sessions weekly. The successful candidate would be expected to reside locally. The appointment is for six months from 1st April, 1959. Applications and copies of three recent testimonials should reach the Hospital Secretary by first post on **27th February, 1959.**

MIDDLESEX COUNTY COUNCIL

(1) **Residential School Nurses** (Female) initially at (a) Elmers Court Res. School, Lymington, Hants. (delicate children ages 7-11) (b) Park Place Res. Special School, Henley-on-Thames (boys 9-16). Must be S.R.N. R.S.C.N. or R.F.N. N.M.C. salary £509-£641 p.a. less £173 p.a. for res. accomm.

(2) Staff Nurse (Female pref. res.) initially at St. Michael's Residential School, Eastcote, Pinner (severely handicapped children, aged 6-16). Must be S.R.N., R.S.C.N. or R.F.N. N.M.C. salary £442-£557 p.a. less £161 p.a. if res. If non-res. less £43 p.a. plus London Weighting.

All Posts: Provision for uniform. Established, pensionable, subject to medical assessment and prescribed conditions. Full particulars and 2 referees to County Medical Officer, Ref. 'S', 3, 5 and 7, Old Queen Street, S.W.1, by 25th February. (Quote Z.142 G.H.G.).

PASS LIST

UNIVERSITY OF LONDON

M.D.

J. L. Turk

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.

J. B. L. Gee A. M. Kingon

NURSING NEWS

Entered :

S/M B. Weatherburn to *Victoria.*
N/M A. Trusler to *Victoria.*
S/N P. Hunt to *Theatres.*

Left :

S/N P. Groves, *Theatres.*
S/N S. Sharp, *O.P.D.*
S/N B. Zinck, *William Gull.*
S/N P. Lucas, *Evelina.*

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d. 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

SRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

Required

FURNISHED OR UNFURNISHED FLAT, N.W.1, 2, or 3. 2 Bedrooms, kitchen, etc. Box No. 165.

For Sale

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each, Coat of Arms 5/6—Personal collection only. They make welcome Gifts.

Apply The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1, and please make cheques payable to Gazette Office.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Briggs, C. P. A Method of Treatment in Angle Class III Malocclusions. *Dent. Practit.*, 1959, **9**, 83 (Transactions).

Burn, J. H., Pharmacological Testing of Anaesthetics. *Proc. R. Soc. Med.*, 1959, **52**, 95.

Burn, J. H. and another. The Action of Sympathomimetic Amines on the Heart Rate. *J. Physiol.*, 1959, **145**, 10P.

Campbell, Maurice. The Genetics of Congenital Heart Disease and Situs Inversus in Sibs. *Brit. Heart J.*, 1959, **21**, 65.

Conybeare, E. T. Tetanus in the Civilian Population of England and Wales. *Proc. R. Soc. Med.*, 1959, **52**, 112.

Crabb, H. S. M. The Pattern of Mineralization of Human Dental Enamel. *Proc. R. Soc. Med.*, 1959, **52**, 118.

Foxon, G. E. H. Some Possible Causes of Congential Heart Malformation. *Brit. Heart J.*, 1959, **21**, 51.

Hardwick, Christopher. Biliary and Renal Colic. *Practitioner*, 1959, **182**, 173.

McKeown, Thomas and others. Association Between Smoking and Disease in Men over Sixty. *Lancet*, 1959, i, 196.

Neill, D. J. Immediate Full Dentures. *Brit. dent. J.*, 1959, **106**, 105.

Osmond, H. and another. A Small Research in Schizophrenia. *Canad. med. Ass. J.*, 1959, **80**, 91.

Rushton, Martin A. Two Specimens Illustrating Proteolysis of Dentine. *Proc. R. Soc. Med.*, 1959, **52**, 115.

Veall, N. and others. The Interpretation of Radiosodium Tissue Clearance Measurements as Applied to Peripheral Circulation Studies. *Radioisotopes in Scientific Research.* Vol. 4. (Proc. 1st UNESCO Int. Conf., Paris, 1957). Pergamon Pr., 1958.

CHANGES OF ADDRESS

W. M. S. Boyd, M.B., B.S., 52, Ferry Avenue, Brayville, Adelaide, S. Australia.

P. R. Chalk, M.R.C.S., D.A., 29, Fife Avenue, Salisbury, Southern Rhodesia.

M. A. Gillon, B.D.S. L.D.S., The Royal Swedish Dental School, Stockholm 3, Sweden.

E. M. Hume, M.R.C.S., 1, Braemar Avenue, Chelmsford, Essex. (Chelmsford 3029).

R. Neville, M.R.C.S., "Highfield", The Drive, Hellingly, Hailsham, Sussex.

Derek Scott, L.D.S., Suite No. 4, 30, Tottenham Court Road, W.1. (Langham 1616).

W. M. E. Tweed, M.B., M.R.C.O.G., 319, Willis Street, Wellington, New Zealand (Consulting Rooms).

BIRTHS

BROWN.—On 27th January, 1959, at 61, The Drive, Hove, to Catherine, wife of Austin Brown, F.R.C.S., a son (David Austin).

DRAKE.—On 5th January, 1959, at Harrogate, to Judith (née Clarke, S.R.N.), wife of Peter Drake, M.A., a brother (James Benson), to Timothy, Diana and Robin.

HUME.—On 8th January, 1959, at St. John's Hospital Chelmsford, to Jeanne and Martyn Hume, M.R.C.S., a daughter (Hilary), a sister for Angela.

IRVINE.—On 1st February, 1959, at the Buchan Hospital, St. Leonards-on-Sea, to Peggy and Bobby Irvine, M.R.C.P., M.D., of Rothesay, Clyde Road, St. Leonards-on-Sea, the gift of a son (William Francis), a brother for Catherine, Deborah, Andrew, Patricia and Mary.

MARRIAGE

WILDER—MITCHELL.—On 30th December, 1958, at Hendon, Leonard Wilder, B.D.S., to Joan Mitchell, A.R.M.C.M.

EDS. {J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1842 *28th February* 1959 *One Shilling*

PASSIM

WHEREVER one looks in present medical writing one becomes immediately and unpleasantly aware of the insidious advance of that deplorable trio, jargon, neology and circumlocution. Sir Ernest Gowers, in his Oslerian Oration for 1958, elegantly and wittily dissected the first, ably demonstrating the absurdities of both grammar and style into which the unwary can, by laziness and lack of care, be led. He, by inference, laid the blame for the recent vigorous growth of this literary weed upon the shoulders of our colleagues across the Atlantic. But, although our gorge may rise when we are exhorted to 'conceptualize the elements of a stressful situation', or 'intellectualize our problems', and we may well be driven to mutter that we would 'prefer to think about the matter', it is scarcely for us to lay down the law to the inhabitants of the U.S.A. with regard to the correct usage of American. When, however, such nonsense intrudes itself into the work of an author professing to be writing English the lynching party should certainly be sent forth. Sir Arthur Quiller-Couch had the last word on jargon, when, illustrating his essay on this subject, he concocted that masterly paraphrase of the opening of Hamlet's soliloquy, "To be, or the contrary . . ." There remains that other curse of the technical writing of today, the 'Practice of Neology'; a practice that is particularly obtrusive in many contemporary medical journals. It is a pity that the ingenuity and industry so perverted could not be used to acquire an adequate syntax and a reasonably extensive vocabulary of simple English. Words are tools of communication, of value only so long as they have a definite and generally understood meaning. The more novel the idea to be expressed, and the more difficult it is to put into words, the more important it should become that the words used be simple, unambiguous, and precise. To coin a new term from a Greek root is seldom a satisfactory solution; the attention of the reader is distracted from the argument and he may not, unlike the writer, have Liddell and Scott at his elbow.

Sir Ernest Gowers ended his oration by quoting from the writings of Sir Clifford Allbutt; "Force, lucidity, unity, simplicity, economy of expression are virtues which we may all attain; originality will be as God pleases": the words should be graven upon every medical author's heart.

Guy's men and women will have heard with sorrow of the deaths in Portugal, in tragic circumstances, of Mr. Arthur Trist, a Guy's dentist, and his wife Patricia, who was a nurse at Guy's. We extend our deep sympathy to their children and to their families.

The Royal College of Surgeons awards the Handcock Prize in January and July, and the Begley Prize in April and October, to the most outstanding candidate in the M.R.C.S. final examination in Surgery. We heartily congratulate Dr. John Bull upon his being awarded the Handcock prize when he qualified in January.

We sympathize with the aim of the Sisters who have again asked the Governors if anything can be done to provide flats in the immediate neighbourhood, for Sisters and senior nursing staff. They would have to be within walking distance to be really useful, and the suggestion is that they could be single or double, thus allowing a relative, for instance a widowed mother, to make her home with a Sister. The other chief advantage would be increased freedom to entertain, compared with the otherwise admirable quarters in the Nurses' Home.

There are interesting changes taking place in Theatres. Sensible structural alterations of a minor, but for busy nurses an invaluable nature, such as the re-siting of shelves and cupboards, are being completed, while the staffing of theatres is being organized on a basis of "teams", in which a Sister heads a team in each theatre, with junior nurses "scrubbing" under supervision—a new and very successful departure. Duties are planned and allocated on a more systematic basis, with a minimum of the chopping and changing of personnel between theatres, and the repetitive chores for some unlucky ladies, which have tended to frustrate and demoralize. A most cheerful and co-operative spirit now reigns, which augurs well for New Guy's House.

At the risk of being thought to have a phobia about the common cold, we urge that frequent cleaning of the innumerable telephones in the Hospital with an antiseptic solution (perhaps perfumed—why not ?), might lessen the rapidity with which colds and sore throats multiply. Some of the instruments we have used recently have been nestling coyly beneath a glutinous precipitate of best Borough smog.

Some disappointment among contributors who have recently "missed" the *Gazette* with their contributions, leads us again to emphasize that all material must reach the *Gazette* office by 10 a.m. on Monday in the week of issue. Our excellent printers, Messrs. Ash, work wonders with a time-schedule which is the envy of other hospital journals, but it is a shade optimistic to send in material on Wednesday for a *Gazette* which is in the library at lunch-time on Friday.

This edition of the *Gazette* would normally contain the house appointments for 1st March 1st. Influenza has prevented their being made available in time, and they will therefore be published in our next issue.

GUY'S DIARY

MARCH			Exhibition. Department of Surgery. *The Suprarenals.*
2nd	M	1.00	Dr. E. J. Moynahan. History of Medicine—Part II. *V. Learning Revives and Man Rediscovers Himself.*
3rd	Th	1.00	Dr. E. J. Moynahan. History of Medicine—Part II. *VI. The Seventeenth—Harvey's Century.*
		1.00	Mr. F. S. Warner. Dental Clinical Lecture.
5th	Th	1.00	Dr. E. J. Moynahan. History of Medicine—Part II. *VII. The Age of Enlightenment and the Search for a System in Medicine.*
6th	F	1.00	Dr. E. J. Moynahan. History of Medicine—Part II. *VIII. The Nineteenth Century and the Great Men of Guy's.*
7th	S		Rugby. 1st XV *v.* London Welsh. (H.O.P.)
10th	T	1.00	Mr. N. L. Eckhoff. Clinical Lecture. *Gastro-colic Fistula.*
12th	Th	1.00	Dr. C. Hardwick. Clinical Lecture. *Lymphadenopathy.*
13th	F	1.00	Dr. W. N. Mann. Clinical Lecture. *Backache.*
		1.00	Mr. Hallam Gresham. Head of Orthodontic Dept., University of Otago Dental School, New Zealand. Dental Clinical Lecture. *Some Aspects of Orthodontic Treatment with Removable Appliances.*
14th	S	10.00	Mr. P. Schurr. Departmental Round. Clinical Theatre.
14th	S		Rugby. 1st XV *v.* Nuneaton.

NOTICES

PUPILS' PHYSICAL SOCIETY

Laidlaw and Beddard Prizes

Prize money of the value of £5 is offered for the best paper on a subject of pathological, medical or surgical interest. A similar prize is offered for the best paper on the subject of a clinical case or cases.

Students and pre-registration graduates are eligible.

Papers should be brief (about 10-15 minutes), and will be read before a meeting of the Pupils' Physical Society which is to be held in the Pre-Clinical Classroom, on Thursday, 23rd April, at 5.0 p.m.

The judges will be the Pre-Clinical Tutor and the Secretaries of the Society.

Titles and brief abstracts of papers should be submitted to the Secretaries by 20th April.

R. G. BEARD.
D. A. F. McGILL.

BRITISH DENTAL ASSOCIATION

The 79th Annual Conference of the British Dental Association will take place during the 25th—29th May, 1959, in Torquay. Arrangements are being made for the Guy's Alumni Luncheon to be held at the Imperial Hotel, Torquay, on Wednesday, 27th May. The cost will be £1 per head including gratuities but exclusive of drinks, etc. Guy's men wishing to attend this luncheon should write direct to Mr. R. G. Hunt, 9 Park Hill Road, Torquay, not later than 30th April, 1959.

COLLEGE OF GENERAL PRACTITIONERS PUBLIC WELFARE FOUNDATION UNDERGRADUATE PRIZE, 1959

The College of General Practitioners is again awarding this year six prizes of £40 each to successful candidates in an Essay Competition. Open to all students in Great Britain and Eire who have completed one year of clinical studies, the Competition is to consist of case histories of patients seen in general practice, with adequate consideration of both the clinical and social aspects of the problems involved. Further particulars and application forms are available from the Medical School Office. The closing date for entries is the 1st August, 1959.

GUY'S HOSPITAL REPORTS. Vol. 108. No. 1.
Editor : SIR RUSSELL BROCK, M.S.
Assistant Editor : J. C. HOUSTON, M.D.

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GUY'S HOSPITAL THEATRE CLUB

"MY THREE ANGELS"

Performances : Tuesday, 3rd March.
Wednesday, 4th March.
Thursday, 5th March.
Friday, 6th March.

Public Dress Rehearsal, Monday, 2nd March. Tickets available from House Manager. Performances commence at 7.30 p.m.

RICHARD A. LEWIN, *Hon. Secretary.*

THE MUSIC CLUB

The Music Club will perform a concert version of "The Gondoliers" (by permission of Bridget D'Oyly Carte) in the Physiology Theatre (by permission of Professor Spurrell), on Thursday, March 12th and Friday, March 13th, at 7.30 p.m. Admission is free.

ADDENDA

In our last issue it was not possible to include a number of additions which Mr. Clarkson made to his account of the Hospital's, and of Dr. Fairley's arrangements for dealing with mass casualties in peace-time. In particular the concluding sentence, "It is a pleasure to thank the numerous Casualty Officers who helped us in the preparation of this plan, particularly Drs. N. Harker, S. Cooke, P. Firth, K. Cuthbert, A. Trafford and T. Cullinan," should have been added.

OBITER DICTUM

MR. G. F. GIBBERD : "The art of anatomy is nothing more than putting funny shapes into words."

FORENSIC FARE AT ANTOINE'S

NOTES ON A VISIT TO THE STATES MAY, 1958

By DR. KEITH SIMPSON

IT was a piece of sheer good fortune that led me to dine one evening in London at the Omar Khayyam Club with that inveterate traveller, John Whitlock of Butterworth's, the medical and law publishers. During the usual polite *causerie* over a Tio Pepe before dinner I happened to say I was 'off to the States again next month to do a few lectures and see what was going on'. I hadn't been for five years and this time I wanted to see something of the South; I had been told by Alan Moritz, virtual 'Father' of American Legal Medicine, that Nicholas Chetta was rapidly building a reputation for himself and a 'crime team' at New Orleans and that Creole food would belie even Randolph Churchill's scathing criticisms of American eating. Of course Whitlock—who would be likely to let five months, far less five years, go by without a States visit only from his grave—'knew someone' at New Orleans: by a coincidence it happened to be the Governor of the Bank at Baton Rouge, who happened to have been a benefactor of the Louisiana State School of Medicine (Dean Frye), whose closest friend happened to be the Chief Justice to the State, that well-known character John B. Fournet—and of course, Whitlock said, he'd write to 'see they know you're going to be there'.

Now in the States this is tantamount to saying 'see that you're met at V.I.P. level at the airport, given an official 'bum thro' Customs, swept through city streets behind a siren, have your rear-view-of-the-kitchens hotel reservation changed to a balconied-front-view-of-the-park suite with obviously primed lobby and telephone service, are given the alcove restaurant table for lunch (you'll never be in for dinner in the States), get tidal waves of 99 per cent. ginned-up dry Martinis at the bar and find both 'a coupla Bartles a Scartch' and a stack of welcoming telegrams and paged invitations to 'Ring Central O', 'Lunch today', 'Come'n drink', 'Give a talk', 'Meet a few People (might be 6 or 60) at My Place', 'Go Fish' or 'Take a Ride somewhere or another'. Nobody ever outdoes the Americans' generosity or their boundless vitality and resource in 'turning on' a welcome for the English visitor, whether or not he's 'The Barss', 'Gart Royal Blood' in his veins, or 'Shoa has Poissonality.'

I had learned on my first visit to the States that to accept all invitations that could be squeezed into the 'schedule' was to undertake an 18-22-hour-a-day-7-days-a-week programme that raised one's blood alcohol to a steady round-the-clock average of near 150 m.g. per ml, that disposed of critical thinking, set the EEG off on a bizarre fugue of brilliant, if superficial, thought complexes, fixed one's calf muscles in a gel of ATP and sent the limp body tottering home utterly exhausted at the end of the month. No, this time, I thought, I would be strong; make time to relax; contemplate under the oleander tree with a Havana (at a mere 60 cents) and a cool Bourbon-on-the-rocks (at under a dollar) and reflect with as much of my cortex as would ruminate clearly in the lazy heat of the South. This time I'd come back the better for a carefully selective experience and constructive thinking, a travelled man of character and decision of whom my Dean would be proud: I saw all this clearly up to the moment I set foot in Boston to start my trip by lecturing at the annual Seminar in Crime Investigation at Harvard, but I'd hardly taken another step amid friends and medico-legal colleagues in that delightfully hospitable city before my determination to relax and contemplate wavered slightly: after all, one could do that back home. "Party at 6 ? Why of course I'd love to. Come'n have drinks (never a drink in the U.S.) with me before we go. Of course, my dear fellow, bring him too." It was no good. I was off down the slope (not to be confused with 'slip alley'—American street or call-girl territory), and visions of my Dean viewing me proudly faded away.

This was America again, and I was going to get all I could out of it. Let's see, I must look up old medico-legal friends—Milton Helpern and Freddie Umberger in New York, Captain Francis Lee, well-known benefactor of Harvard's Department of Legal Medicine, Richard Ford and Luongo in Boston, Russell Fisher in Baltimore, Alan Moritz, Gerber and Lester Adelson in Cleveland, Camp and Samuel Levinson at Chicago, the Naval Sirois and the great Edgar Hoover himself—if I could nail him at Washington's F.B.I. headquarters amid the whooha of Nixon's return from trouble in Argentina—and not least the peripatetic Le Moyne Snyder, friend of Earl Stanley Gardner, overnight in California, today in Lansing Mich., tomorrow somewhere down in Texas, unravelling some botched up crime investigation. There was Mann the Canadian, too, in Richmond, a new School Department in Virginia—and this time I had made up my mind to go South, to New Orleans, home of the naturalist Audubon, and of the great General Andrew Jackson who trounced the British, of gumbo soup à la Creole and of the Basin Street that gave birth to the 'blues', a Spanish-French city where Mardi Gras meant more even than *foie gras*, where history lurked in every patio — and where, I had been told, Nick Chetta was rapidly acquiring a reputation in scientific crime investigation, where the Law was in the safe hands of the scholarly Chief Justice John Fournet, where I had a date to speak at the Louisiana School of Medicine, a date to eat at Antoine's, a date to see the remarkable overground St. Louis Cemetery, built on a subsoil that oozed Mississipi waters wherever you dug a hole, a date . . . Relax my foot ! It was galvanic action and a good alcohol metabolism that was wanted. Kinda tough ? Can't get time to sleep ? Gee boy, can't come all this way'n not meet Judge Octavius. He'll set your hair up with some good stories (and did he not, this jocund Judge, sitting there in his private Court room in his shirt sleeves sipping iced Cokes). Ya gotta meet the D.A. and the Chief of Police is expectin' us, an' I got the Press lined up for a statement at 12. We c'n eat downtown later, so let's go ! Don't ever under estimate your American friends as hosts: you'll get a lot more than you ever bargained for—and like it.

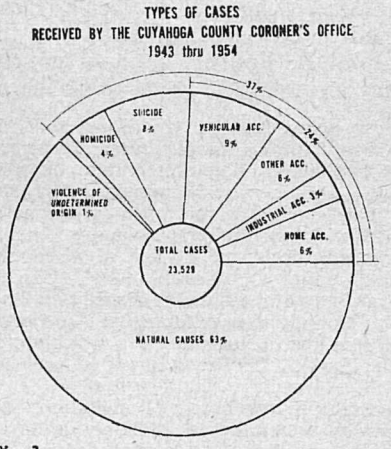


Fig 1.

Hors D'oeuvres—Varies Post-Mortem.

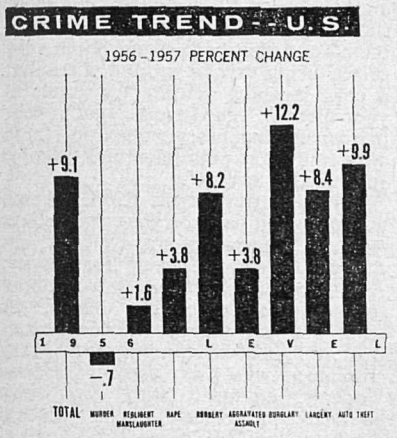
The 'bread and butter' of a forensic pathologist's life does not vary much the world over. The morbid anatomy of sudden death, the shortcomings of diagnosis or treatment, of surgery and anæsthesia, accidents at home and in the streets, addiction to drink or drugs and variations on the theme of suicide have a world pattern. Of course if you want to see kwashiorkor it's no good going to Canada and you won't see much bilharzia in Berlin: camel-bites are commoner in Cairo than Cadiz. But, by and large, the pattern of sudden or unexplained death is the same the world over.

Take any big commercial and residential city area with a fringe of suburb and a view of the country. Take Birmingham or Boston, take Pittsburgh—well let's take Cleveland, Ohio, lumbering, heavy industry and university centre and the old Indian Cuyahoga valley district in which its 1½ million work, play and sleep, home of Rockefeller (and of Rodin's "Thinker"), perhaps the best—certainly one of the most up-to-date—medico-legal centres in the States.

In a 10-year period this 'Office of the Coroner', superbly equipped for the reception, storage and examination of dead bodies, for identification, photography, autopsy and microscopy, toxicology and the like—and staffed to see that records and files are equally good—examines about 24,000 dead. You see (Fig. 1) how they're split up—much the same as our own Coroners' and Police cases. Its a good average slice of forensic life (though you may notice that abortion doesn't figure—unless it's a 'home accident'). It's much the same in any major urban area: speaking generally, somewhere about the same proportions of people find the same ways of dying the world over. It's only in addictions—to drugs, to racial vices and to women, and in traditional forms of suicide or currently popular

crimes of violence that any special colour is shown, and these form a pretty small proportion of the whole.

Well, you might say, why go to America to see in Cleveland, Ohio, what you already see in larger numbers in London—or might, whispers a seducing voice, see even better in Paris or Copenhagen ? But, you know, the Americans have a way of doing things when they really set out to go places: money isn't so tight in the States and modern well equipped medico-legal services are at last appearing in most major cities. It isn't that the alcometer you can carry in the vest pocket or the blood sarsaparillometer that automatically records a differential diagnosis is the last word—but you gotta see how they do things. There are, it is true, indifferently housed and equipped centres, even where pressure of work is at its highest: New York, for example, whose reputation survives with the world largely because of the ability and outstanding personality of medico-legal 'figures' of the calibre of Gonzales and Milton Helpern; or Chicago, worse by far, whose tardiness in recognising the need for experts' services in sorting out crime from accident and natural death surprises even its own inhabitants. There are even places in the States where the routine investigation of sudden death is in the hands of unqualified coroners—tradesmen, undertakers, anyone except a clergyman—and where autopsy either doesn't happen at all, or is a 'partial' (perhaps only the removal of a bullet wanted by the police) or, possibly worst of all, is left to the hands of any old doctor engaged in any old kind of doctoring, whose training in ordinary morbid anatomy, far less forensic pathology, were best not inquired into. Of course, in such a vast country there is good and bad—and a lot of indifferently in-the-middle stuff. It takes time to bring home to a lay public the security value of a skilled medico-legal service—even to the insurance companies whose interests are as deeply involved as any, but where the problem has been tackled with purpose the Americans are 'on the ball' and carry the big guns of proper housing, of equipment and of staffing for communications and records. New York is gestating at the moment, and there is no doubt Helpern's new Office of the Medical Examiner at Bellevue will be a 'tops' worth seeing indeed in five years time.



So to the States—not just to qualify B.T.A. (Been to America, of course, fathead) or bring back travel films in glorious Technicolor—to feel the medico-legal pulse, to meet and talk to American medico-legal 'figures', to see new technical equipment and take a few larger breaths of fresh medico-legal air outside London's smutty gloom and frigid mortuaries. Let's first take a look at America's overall crime trends.

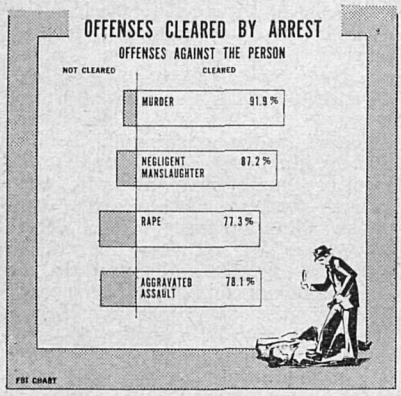
Main Crime Course a L'Americaine.

The States with its vast and cosmopolitan populace and its keen 'security' interests, can of course provide remarkable crime figures. One out of every 29 U.S. citizens has committed some violation of the Law—even if it is only to have received what are referred to as 'non-moving violation' summonses. Over 2½ million major crimes are reported every year—over 7,000 every 24 hours—there are over 24,000 arrests p.a. for rape alone: and the figures are rising, much in the same way as ours are at home. So, too, is the prison population, where much crime is learnt.

The U.S. census shows an increase of some 30 million people in the last 10 years, in spite of an annual 'wipe-out' of some 40,000 on the roads; but crime has increased four times as fast as the population, and youngsters are at the head of this growing menace, the under-18's numbering no less than 46 per cent. of all arrests. Women are getting into the bank-robbing racket—tough talking,

gun-spitting molls who might well interest the alienist (or the endocrinologist). What are the police doing about it ? Well, the U.S. relies on both its State Police and—increasingly—on the remarkable service that the great Edgar Hoover has built up in the F.B.I. headquarters at Washington for inter-state Federal Police crime control. Look at the F.B.I.'s record in offences against the person: Crime prevention still has to catch up on crime control—hasn't it anywhere ? And, in general the U.S. cop doesn't get quite the same friendly collaboration from the public as his English P.C. He doesn't always ask for it.

The F.B.I. headquarters is quite the most remarkable institution of its kind in the world. Superbly housed and staffed, incredibly well equipped, it makes our Yard laboratories and departments look paltry to a degree : and nothing is lost in efficiency because of the size of the machine. It houses the identity files of some seventy-two million persons—some eleven million of them with criminal records, filed by photo and finger print, by alias, by handwriting (and bogus cheque signature), by 'locus' and 'modus' operandi, personality traits, 'goil-friend' and the like. So different from our own ? No, not really, but so slick in operation: hand in a telephoto fingerprint 5 States and 1,500 miles away or submit a dental chart or a cheque signature and it'll be surprising indeed if you don't get your answer back before sundown—or sunrise. A suspect print can often be matched out of their 72-million person store within the hour: a thousand a month are identified. Soils, fibres, woods, firearms, dusts, paper, glass, autolamp and tyre-print 'libraries' are to hand, staffed by people who know how to use them—and there are many fewer cups of tea being carried around corridors: a coke machine delivers the goods at your elbow. The scientific staff is near permanent and has no place for those who trained as policemen and 'become interested in science'.



All this results in the F.B.I. keeping a pretty good hand on the crime figures —street 'mugger' to share pusher, sex maniac to mere 'socker' for money. And Hoover wastes no words about 'juvenile delinquency'. These, he says, are 'no pranks or mischievous misdemeanours; they are crimes . . . vicious . . . gotta be stamped out'. Many are indeed criminals of the New World; racketeers who live 'up-town', operate credit swindles under cover—or more openly, equipped with their own lawyers and tax evasion specialists. The truck "teamster" scheme which'll 'See You There' if you're a member (or bust you if you're not) is a particular headache at the moment: so many of the big trade boys in the Hoffa type Unions have a finger in the pie themselves. What happens ? Why, your truck with its valuable freight unaccountably leaves the road and plunges into a lonely ravine; or if you sound like 'splitting the know' you'll have your hair parted with a bottle, or maybe a saloon will draw up outside your premises, pump gasoline into the ground floor and 'Goofy's Bar Catches Fire' will headline the *Chicago Tribune* next morning. 'Premises Gutted. Goofy Feared Dead'. I like 'feared'. After all, Goofy was offered membership at 500 bucks and 20 per cent on the freight. He didn't come in—so he went out; just that.

Sweet Noo Orleans.

Basin Street, the heart of the blues (rhythmic, clot, not depressive) has migrated further into the old town, the Vieux Carré, two steps nearer the muddy Mississipi, and here, in Bourbon Street Dixial honky tonk of the 20's is poured out under a chain of vivid bar lights and down murky passages where on innumerable small 'club' stages, strips and the commoner teases go on all night. You might be in Pigalle, but the air is warmer and the scent of alcohol and Chanel is wafted into a warm night air filled with Bougainvillea and oleander. I couldn't let such a good opportunity of doing a bench test on the toxicity of alcohol go by, so, neatly averting a sign inviting me to relax in the 'Gunga Den', I crept into the gloom of the 'Famous Door' where my order for drink was taken—and delivered—as I climbed on to a bar seat to see the home of jazz from the front row. Sitting

there in dimmed light, sipping a Bourbon, I contemplated reflectively on the peace of the South. Suddenly Hell broke loose. A battery of spotlights threw a blinding light on to a small horseshoe stage that had until then occupied a dark spot on my retina and there burst on my ears a shattering blast of sax, brass and percussion that tore my vagus to shreds. Lit-up—as indeed most of us were to be later—the five rhythm kings, quivering with excitement, their faces glistening with Dixieland dew, hurled a screaming cascade of elemental jazz across the bar, crushing all opposition. I recoiled but the place was packed: there was no retreat, and as my senses, mildly anæsthetized by another Bourbon or so, gradually accustomed themselves to this din, I found myself getting less 'square'—more and more 'groovy'. An hour and a half later, my nocioceptive synapses well twisted, I found myself applauding wildly, writing Turk Murphy on my L.P. list and toasting the percussion—a veritable sadist with his battery of noise—to give 'moa boy'. This was indeed famous stuff.

I finally tottered out across Bourbon Street to the famous "Old Absinthe *Bar" to cool off: that equally famous bar-man, caught in a good mood, was* demonstrating no mean skill with a pack of what I swear must have been 'feeler' cards, picking out the aces rather as a Japanese egg sexer picks out the duds—or you and I the inflamed appendices. I was fascinated. I remembered the New York crack 'If you're so damned clever, why ain't you rich ?' It was a sharp reminder not to relax anywhere too long. Heavens ! The night's thinning out and 9 a.m. was supposed to see me stone cold sober at the Office of Dean Frye, Louisiana State School of Medicine, slides in hand, mind crystal clear, ready to turn on 'The Doctor's Part in Crime Investigation'. I made it—just, and, students being the same the world over, the Dean's exhortation of 'Welcome—Distinguished Visitor from England—Guy's—Scotland Yard—Crime' whetted their interest (they'd stopped chewing by now). If I could get some of my filthy pictures on the screen before the Dean's grip wore off I'd be on easy street. Just over an hour later I was down town cooling off in the near tropical patio behind the Maison de Ville, sipping a mint julep—a disastrous effect this has on the palate—talking to Chetta, the very popular (and able) New Orleans Coroner, about local forensic fare.

Crime in New Orleans is governed less by colour than by the seasons. As the Spring Equinox develops so the sap rises into the young Spanish, French and Indian veins, the blood warms, the pulse quickens, compulsive calls are heard and viva Mardi Gras arrives with its orgy of fun, colour, music, dance, drink, sex—and just a little—a surprisingly little—extra violence and vice. And crime ? Well what is crime ?

Of 60 or 70,000 arrests a year (population around ½ million) homicide totals only 60 or 70 each year, rape (a surprise) only around 150 (I was reminded of the German atrocity story of the one girl in a family whom the German blitzkrieg had not touched—for 'she didn't want to be raped'). Aggravated assaults, some 350 to 400 (minor ones 3,000), negligent homicide (a sort of manslaughter) 8 or 10. Narcotics 350 to 400, liquor laws 200 or so, drunken driving 1,2000 or so (reckless driving 6,000)—and here come the big guns—drunkenness 16,000 p.a. and vagrancy 15,000 or so p.a. Prostitution and 'commercialized vice' a mere 250 cases a year. Homosexuality 1 case, fraud and embezzlement, not a single case in 1957.

The South's largely a happy country, and colour isn't what it is so often elsewhere—an urge to be assertive, arrogant, violent—down South it's too old a plant, this, to go wrong so easily. The master is still too often a good master, and Rastus too often likes just giving good service. Only in crimes of violence, in murder, rape, robbery, aggravated assault and the parallel 'carrying' or possessing' weapons does the coloured man fail to bear comparison with the White. New Orleans hasn't the New York problem of the Puerto Rican influx, the Italian, Greek, Filipino and Central European, Harlem's black ghettos, the Mexicans, the Irish with their zest for excitement: no, the City's an old Spanish-French settlement with buried Senegal, Guinea and Indian blood, and a nearly 50/50 colour balance below the upper crust. The 'crust' is a remarkable layer carrying the pure Creole aristocratic French and Spanish blood—and—all the intellect and the lolly.

The time had come for me to see the law in action, so Taxi ! The Sessions Courts. You know there's nothing so exaggerated as the American attorney on the screen when the doctor becomes 'your witness' on the stand. Of course the doctor gets some bullying, some derision, some cold scorn; maybe attorneys do pace up and down a little; maybe the judge gets that little bit less respect than the English assize or High Court judge. Maybe ours get a little more than is

good for them. Any threat to the jurisdiction of either brings their drooping eyelids up in a flash with a cold monosyllabic interjection that puts Counsel in his place the humbler and wiser. "Objection, 'Y'r Honour" is thrown into the works pretty frequently, but as often "Dismissed". Real proof and absolute truth are as much in demand in the criminal courts as anywhere in the world, but spurious civil claims and outrageous damages are bandied about rather more freely— and, it must be admitted, supporting medical evidence is not more difficult to secure.

U.S. judges lose no dignity by sitting under the flag instead of the Royal Arms, wigless and—lately—, in their shirtsleeves. Authority and impartiality emerge without a panoply of scarlet and ermine. But yer gotta know the lingo Doc. Let's have a cut off the joint, mainly medical :—

Beat the chops	Talk.
Bust y'r conk	Apply y'rself diligently.
Dig	Meet up with (understand).
Dom!	Present *ad*dress.
Drapes	Clothes (f).
Frame	The body, corpse.
Glins	The eye's.
Goofballs	Barbiturates.
Grease up	Eat, lay in the vitamins.
Hip	Sophisticated.
Horse	Heroin.
Icky	Dumb guy, cretin.
Jag-party	Addict club.
Kill me	Send me (on the job).
Latch on	*Get me ?*
Main-on-the-hitch	Present husband.
Melted out	Low on the lolly, broke.
Miggles	Marihuanha.
Pounders	Cops. P.C's (lower life).
Snatchers	C.I.D. Plain clothes men.
Slide y'r jib	Voluble talk— smart side stepping in evidence.
The Man	The Law.
Twister	Key.
V-8, Barbecue	Succulent (f) piece.

Try it ? "we greased up arter dark with this V.8, see ? Then she fixes the glins on this icky guy she says is her main-on-the-hitch. But he's melted out, Latch-on ? So we goes to this jag party, when the snatchers show up". Get it ?

The Judge uses a more international language. 'See here, Benny Fitzer, y're going ter prison. A'm goin'ter put yer behind bars where y'can't beat 'n rob 'n' rape. Y' nothin' but a hoodlum gangster and ahm goin 'ter put yer away for as long as I can—life ! The Law in the States is respected.

Press Coffee.

One of the things that makes the English visitor welcome to American Schools that have public relationships—as all American Law-Medicine Centres must have—is the prospect of having a helpful Press session with the visitor: by this time he'll be a V.V.I.P. 'Glad ter meet ya Suh. Yeas Suh, sure am pleased ter meet a Scotland Yard man'—nothing else matters in the States but 'The Yard'. And next day the local *Tribune* will carry the headline 'Scotland Yard Veteran Hails S.W. Crime Centre'—special interview by Severino P. Severino, who writes: "Dr. Heath Stripsem, Scotland Yard's . . . (I blush but read on avidly; indeed it's difficult to know how the Yard have managed to carry on without me) says 'The City's Law-Medicine Centre's the tops . . . incredible folly not to take advantage of the City's oustanding service in scientific crime control . . . had high praise for Professor A. B., Coroner C.D. and our City Police service . . . have created a system that rivals the Yard's in its modern equipment . . . go a long way, says Dr. H. S., to cut the bogged-down court docket bring more settled disputes before trial and reduce the sharp feelings that . . . " etc., etc.

This must, you would think, mean a civic Freedom, luncheon at the City Hall tomorrow, bouquets at the airport as you leave ? Not on your nellie. This is a plain courtesy, translated into American journalese. And how much better you'll enjoy Dinner at Antoine's—where to your utter astonishment your most generous friends have set a luxurious private room for 35 or 40 to dine you a welcome-farewell-au revoir. And the fare ?

Melon Frappe
Oysters Rockefeller
Tournedos Rossini Salade Antoine
Bombe surprise
Cafe Brulot

Tio Pepe
Pouilly Fuisse 1953
Chambertin 1949
Cordon Bleu

Are you surprised we frigid English can relax in America ? Do you not despair of our reception of American visitors, our 'Ring me when you get in. . . We must have dinner . . . Guy's would I imagine like to have you lecture . . . It's getting late, and I've rather a long day to-morrow. Pshaw ! B.T.A. ?

From the "Cleveland News," 26th May, 1958

"CRIME DETECTION HERE HAILED BY LONDON MEDICAL EXPERT"

Left to Right :—

Professor Oliver Schroeder (Director of Cleveland Law-Medicine Centre), Professor Alan Moritz (Director of Western Reserve University Institute of Pathology), Dr. Keith Simpson.

MENTAL DEFICIENCY

By MICHAEL CRAFT, M.D., M.R.C.P.E., D.P.M.

Consultant Psychiatrist, Sheffield Region, and Medical Superintendent, Balderton Hospital.

As one who left Guy's as a houseman in 1955 and chose a speciality with many vacancies, it might be that a few remarks on a lesser known speciality may be of interest to those who have not decided on their choice of work.

There are many who are unimpressed with their student experiences with idiots and imbeciles and who have difficulty in recognising them as patients who need help. Although much aid is needed there are some who do not ask for it, such as the psychopathic; and others, such as subnormal children, who are incapable of asking. To see the improvement of both over the course of years is as rewarding in this speciality as in others.

Mental deficiency might be described as that branch of psychiatry which is concerned with the psychopathic and the intellectually subnormal. These two groups overlap to an extent that varies with psychiatrists and with time, for many dull psychopaths rise to within normal intellectual limits over the years.[2] Those that become socially inadequate may have the diagnosis of mentally defective applied to them. Amongst the many definitions of psychopaths, Cheney's[1] is often quoted: they 'are characterized largely by emotional immaturity or childishness with marked defects of judgment and without evidence of learning by experience. They are prone to impulsive actions without consideration for others, and to emotional instability with rapid swings from elation to depression often apparently for trivial causes . . . Intelligence . . . may be normal or . . . . not infrequently border line ! '

Such a description applies to many mental defectives. The intellectually subnormal to whom the term psychopath does not apply, are likely to score less than I.Q. 75 on a standard intelligence test. On such tests University graduates are likely to score over I.Q. 120 and the vast majority of the population between 120 and 80. The dullards of the community, the hewers of wood and the drawers of water, often score near to I.Q. 75 below which a small but increasing proportion are admitted to mental deficiency hospitals. I.Q. 75-50, roughly comparable to a mental age of a schoolchild of 10 to 7 years of age, represents the usually accepted limits of the feeble minded who in law are held to need care and supervision for their own protection or the protection of others. I.Q. 50 to 20 corresponds to the grade of imbeciles, who rarely read or write and who in law are held to be unable to care for themselves. Those below I.Q. 20, or roughly the mental level of a child of 2, are termed idiots and need full time nursing care. The last two categories of idiots and imbeciles contain most of the pathological variants, and to syndromes resulting from errors of metabolism such as cretinism, galacactosuria and phenylketonuria which if diagnosed early enough may improve up to normalcy on treatment. Such diagnosis, together with advice on training, is one function of mental deficiency out patient clinics which are likely to increase in number as a result of the Royal Commission's recommendations.[3]

This article is a plea for further entrants to this field. It is expanding, and it is significant that the only new hospital to be opened in the country since the end of the war, at Balderton, is for mental defectives. Within the speciality there is specialization, which may suit different interests, from the hospital dealing predominantly with the psychopathic such as Rampton, to those dealing mainly with idiot and imbecile children such as the Fountain. It seems a pity that so many of the senior posts have to be readvertised for lack of suitable applicants.

References :

(1) CHENEY, C. 1934. Outline for psychiatric examinations. *State Hospitals Press.*Utica, N.Y.

(2) CRAFT, M. J. 1959. Personality disorder and dullness. (To be published).

(3) Royal Commission on the law relating to mental illness and mental deficiency 1954-1957 : Report.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Externs' Room

From Mr. T. B. Layton

SIR,—The Green-line, that I catch, bringing me up early to London I reached Guy's one day recently before it had begun to wake up, and so having time to spend I went and wandered around old haunts. First to look at the windows in Zetland House of the rooms, one above the other, where the much loved Pat Laidlaw and I used to "dig" when he was the Junior Demonstrator in Physiology and I a surgical registrar. Thence round to the College, and found what once was the Library better kept and cared for, by a lady who took pride in her work, than I had ever known it before.

I peeped through the glass into the Dining-Room, and it seemed to be, except for the community of the sexes, much as it was when I was a House-officer. And so down the stairs towards the lodge, going into the "externs" room on the way to see whether the dirt in this also had been cleaned up. It had not.

My time since last Tuesday, on which day my *Gazette* reached me, had been so fully occupied that I did not open it until that hallowed half-hour which, if I am not asleep, precedes my going to bed. I then found in *Passim* a paragraph about these things that had passed through my mind earlier in the day.

The externs' room has "long past" ceased, you say, to be used by them. If you enter it, you will find their pornographic display remains.

They date from the summer of 1905 and were at first but lists of initials of the six externs each month. And then one little fellow, with a keen sense of humour, who became an anæsthetist, scratched on one of the panels a cartoon of the "Birth of Cain". It was but little more than the removal of the varnish, but in the best mood of Boccaccio.

In a desert there is a palm-tree, under which Eve lies in labour. Her feet press against the bottom of the tree, and a little above them the serpent—of the species without limbs—is coiled around it watching her, while she is using the other end as her pulley.

Near by is Adam, in a state of haste, lest he may be too late. He is leading a winged angel clothed in frock coat and top-hat, proper to the obstetrician of the first decade of this century. Adam carries for him, pendant, his midder-bag.

At this we were all amused. It was in the character of the caricature of the day, with a slight irregularity of draftsmanship. It was before this gave way to distortion.

This carving was followed, a bit later, by an outline of a female, well executed, but in which there was a touch of suggestion. From then deterioration set in, and this went on from bad to worse.

I had long wanted to raise the problem of their existence but the room did not belong to my department, and while I held the view that anyone is allowed to speak what he thinks—Nay ! It is his duty—on anything in a committee, he has no right to embark on independent criticism of another man's department.

But where a matter is brought up in *Passim* it entitles any Guy's man or woman—for that has become our status in the last ten years—to answer it.

Let me put before you two criteria of obscenity in support of my view.

First, before ten years ago, did any Guy's man ever take into that room a sister, his fiancee, or any of his maiden aunts ?

Secondly, can any one make a series of anatomical descriptions of the other panels that could be accepted for publication in any work of medicine, using the word in its widest sense ?

Turning to your *Passim* note, I see that a decision has been made and that "The carvings are to be preserved as they stand". But, who made the decision ? And is he sufficiently high up in the chain of responsibility to have made it ?

Someone must have been in charge of this room all these years and from him that chain must have proceeded right up to the Treasurer.

Does it belong to the Obstetric Department or is it purely a College matter ? From there to the Hospital or the school ? Thence, via the superintendent or the dean, to what has succeeded to the School and Staff Committee, and thence to the House Committee or the School Council ?

My suggestion is that "The Birth of Cain" be cut out, framed and presented to the Obstetric Department or its senior representatives; and that the rest be burnt with fire.

Yours etc.,

T. B. LAYTON.

Guy's Hospital, S.E.1.

A Letter

From Mr. J. W. Mansie

SIR,—It is a pleasure to see Dr. Mackenzie lambasting the Sassenach but he should have delivered a final blow for his persistent misuse of the word 'bonny'. This means 'pretty' or 'beautiful' and in Scotland is applied to the more agreeable natural phenomena such as scenic beauty or young female persons. In England its use is confined to the description of babies and means that they are unhealthily fat.

Yours etc.,

JAMES MANSIE.

112A, Harley Street,
London, W.1.

NOTE.—*Headings above letters are almost always editorial in origin, since few correspondents put headings above their letters. Having headed his letter (January 31st), "A Bonny Letter from Dr. I. C. K. Mackenzie", we now fight shy of Mr. Mansie's letter, having considered, and rejected, "Dubo, Dubon, Dubonny."*—EDITOR.

Paper-Backs

SIR,—We have seen a copy of your issue of 17th January and have read with interest the editorial article on pages 25 and 26.

As publishers of paper-backs we have had much in our minds for a long time the possibility of doing something to help in the provisions of textbooks for medical and other professional students, but the difficulty of course, as you will know, is that the low prices of paper-back books are dependent entirely on the possibility of publishing editions of tens of thousands of copies at one time, and of selling them within a short period. The market for textbooks proper in any field is necessarily limited to those who are making a serious academic study of the subject they concern, and in these days progress in all the sciences is so rapid that textbooks tend to date quite quickly.

We have done our best to help the need in the Pelican sub-series of books on medicine which is now being published under the general editorship of Dr. A. E. Clark-Kennedy, formerly Dean of the London Hospital Medical School. A number of new volumes for this series are in active preparation, and in the course of the next three or four years it should provide a wide range of background books which, while of sufficient general interest to appeal to the general layman, will at the same time be of real help to the medical student.

Yours etc.,

A. S. B. GLOVER.

Penguin Books Ltd.,
Harmondsworth, Middlesex.

Golden Jubilee

SIR,—I have a gold filling in one of my upper bicuspid teeth which was inserted by my old friend and colleague, E. A. Tomes, when we were students at Guy's, over fifty years ago. It is apparently just as good as the day it was put in. I am wondering if this is perchance a record.

Yours etc.,

W. ARCHER HODGSON.

Bredon House,
Torrington Close,
Claygate, Esher, Surrey.

Students' Quarters

SIR,—There is a great shortage of Guy's Hospital accommodation, and also of accommodation in the immediate vicinity of Guy's. It is an established fact, that a house, cost price £3,000, can be purchased for an initial outlay of approximately £300, with a mortgage extending over twenty years. Such houses have been bought by numerous London students, in which five or six live together. After initial outlay, the total rent, including rates, works out at under seven pounds a week, three pounds of which is saved as repayment on the mortgage. The mortgages of these houses usually have to be taken out in the name of a guarantor and also the houses need furnishing and often extensive repairs. Students inhabiting or intending to inhabit such properties manage to furnish themselves adequately and also undertake most repairs, thus improving their own property.

Difficulties often arise pertaining to the acquisition of mortgages and also initial outlays. Here we have a suggestion to make, with respect to the governing body of Guy's.

If it is financially impossible for the governing board to erect student accommodation, would it be possible to buy property under mortgage ? Such property could then pass to successive batches of students. In this way students would be saved the embarrasment of obtaining a mortgage or initial outlay and also of selling when qualified. The students would obtain cheaper and more convenient accommodation, a more closed Guy's community would result and Guy's would suffer no loss.

We would be very interested to know if the Board of Governors would be willing to consider such a scheme, and also the general opinion of students.

Yours etc.,

GEORGE KLAUBER,
JAMES SCOTT,
RICHARD WALDEN,
Medical Students.

Guy's Hospital, S.E.1.

REVIEWS

A Textbook of Surgery. By PATRICK KIELY. H. K. Lewis & Co., Ltd. Second Edition. Pp. 1148. 605 Illustrations with 22 colour plates. *Price* 63*s*.

The production of this volume at a price well below many similar textbooks is a credit to the publishers and an attractive feature to the prospective purchaser. One obvious economy is the reduction in size of many illustrations and the inclusion of small line drawings occupying a negligible amount of space. This appears to have resulted in lack of thought with regard to many of the latter, for in addition to being poorly executed they are pointless. If economy was an important consideration in this production it seems remarkable that all the colour plates should be in a short section on the eye.

Balance of material is an increasing difficulty in the task of authors of general surgical textbooks. In his second edition Mr. Kiely has yielded chapters on Anæsthetics and on the Female Genital Tract. Despite the attractions of their inclusion he would probably do greater justice to General Surgery if in addition he omitted sections on the Eye, the Ear Nose and Throat, and on the Nervous System.

There is a vast amount of sound basic knowledge in this book. The author has drawn wisely on other textbooks and his descriptions of diseases are good. Certain undoubted errors and occasional naive archaism in treatment illustrate the difficulty of one author making an up-to-date survey over a wide field.

Nevertheless the author deserves admiration for marketing so much knowledge so cheaply and for the latter reason the volume is worthy of undergraduate consideration.

F.G.E.

An Atlas of Surgery. By F. WILSON HARLOW, M.B., F.R.C.S. William Heinemann, Ltd., London. *Price* 50*s.*

This unique publication is exactly what it purports to be, a pictorial representation in atlas form of the common facts and procedures in surgery. It comprises 363 large pages containing no less than 1292 illustrations, each with a short descriptive caption. That such a book can be so beautifully produced at a very low price is a remarkable achievement.

The book is designed as a supplement to other methods of acquiring surgical knowledge and will appeal to those whose memories are more easily refreshed by visual impressions than by the written word. For medical students it is intended only for use in the early period of clinical work, and here it may well serve a useful purpose in clarifying early instruction and experience in a new subject. For nurses it will serve throughout their surgical training as an easy means of revision and amplification of knowledge.

The selection of illustrations is comprehensive and covers the whole field of general surgery and some of the surgical specialties. The quality of reproduction is excellent and the atlas as a whole should certainly fulfill its function of presenting the essentials of surgery in a pictorial manner for rapid and easy assimilation.

S.H.W.

Modern Trends in Surgical Materials. By LEON GILLIS. Butterworth & Co. Ltd. Pp. 266. *Price* 72*s.* 6*d.*

Mr. Gillis must be congratulated, for this book is most welcome. The contributors are not only surgeons, but chemists, metallurgists, physicists and engineers. Every branch of surgery today makes use of artificial materials to replace and repair parts of the body. Many of these materials have been used without extensive trial in the laboratory, and disastrous results have been known to follow their use. In this book the approach to this problem is well described, and it is apparent that a great deal more co-operation between the surgeon and the scientist is needed.

Let us hope that this book will be kept up-to-date with further editions, so that the excellent references in it are readily available to surgeons everywhere.

R.G.B.

Diseases of the Liver and Biliary System. By SHEILA SHERLOCK, M.D., F.R.C.P. 2nd Edition. Blackwell Scientific Publications, Oxford. 719 pp. *Price* 57*s.* 6*d.*

The appearance of a second edition of this now famous book just three years after the first is not only a tribute to the author, but a reminder of the advances made in the understanding of liver disease. Consequently this is no mere re-issue of the first edition, for the section on the mechanism and treatment of the neuropsychiatric syndrome and coma which may complicate liver disorder has been rewritten, and there is a fresh chapter on jaundice embracing the recent work on bile pigments. There are also a number of minor additions and alterations. Nearly 100 pages throughout the text are devoted to references, of which 500 are new, and there is a comprehensive index which appears more than adequate. Such a mass of information in a compact space leads to a certain abruptness of style at times, but Dr. Sherlock expresses herself clearly, and where, as for instance in hepatocellular failure, much is known but still incompletely understood, there is a full discussion of the relevant facts. In general plan the pattern of the previous edition is followed, and the emphasis is upon the functional and morphological changes in the liver produced by various diseases, the so-called "reaction pattern", rather than upon the individual diseases themselves; an approach to be commended. The book is well produced, containing many figures and illustrations, and though the reproduction of some of the portal venograms appears disappointing, the accompanying line diagrams are a great help to the uninitiated in interpreting them.

This is an excellent book, and one which can be read or consulted with profit by student and practitioner alike, though as a purchase it will appeal more to the postgraduate.

"What does Sherlock say ?" is likely to be heard for many years to come in cases of argument and doubt, and consequently libraries may find they need more than one copy.

K.D.A.

Coroner's Practice. By GAVIN THURSTON, M.R.C.P.(Lond.), D.C.H., of the Inner Temple, Barrister-at-Law. London. Butterworth & Co. 1958. Pp. 180. *Price* 21*s.*

Until now the only guide to Coroners' jurisdiction and everyday contact with the medical profession has been a pretty sizeable work called 'Jervis on Coroners': it contained not only what the Coroner had to know for his day-to-day work, but everything he might ever wish to know—in detail. The doctor who wanted to know 'what attitude the Coroner would take', 'whether he wanted to know about' or 'if he'd have to impound' this or that; the young lawyer/doctor who wished to take up coroner's work and was taking tyro nibbles at the game, the Coroner's Officer, counsel-in-the-case and harassed hospital secretary had nothing more practical to guide them.

Now Thurston, one of the London Coroners, an old Guy's man, who in his time practised general medicine (and so know what the G.Ps' problems are), a barrister and M.R.C.P., has filled the gap: and very well has he done this job. In forthright simple English that is a pleasure to read, he tackles and solves the everyday problems of Coronership in a way that makes this book a 'must' for every hospital secretary, every young, every part-time and every would-be Coroner (the older Coroner should know his routine); a 'should' for every doctor in practice, and a 'might well have' for young barristers or solicitors, police superintendents and others faced with Coroners' procedure. 'Thurston' has come to stay, and we hope it will never grow by accretion to rival Jervis: it is the ideal 'short Coroners' practice'.

C.K.S.

Textbook of Obstetrics. By JOHN I. CUNNINGHAM. 3rd Edition. William Heineman Medical Books Ltd. *Price* 40*s.*

Professor Cunningham's textbook, now in its third edition, has been extensively revised and some useful statistical tables have been appended.

The text is clearly written although much of it retains a tabular form. The book is primarily intended for undergraduate students and is perfectly adequate for qualifying examinations. The most notable alterations concern the pathology of pregnancy and the management of cardiac disease. The sections on pathological conditions of the new-born have also been thoroughly revised and the treatment of hæmolytic disease deserves special mention.

When obstetric procedures could conflict with the ethical standards of the Roman Catholic Church Professor Cunningham gives information which he hopes may be helpful to doctors of any denomination who are unacquainted with these standards.

F.A.M.

PEDAGOOGLY.—XVII

Vainly will Jodrell Bank the heavens scan,
Vainly, though all three stages went to plan.
Here on my launching pad I gave him birth :
My 8 lb. payload orbits on the earth.

Sixty Years Ago

Reprinted from Guy's Hospital Gazette, 4th March, 1899.

(From Passim)

We hope Dr. Savage will forgive us repeating the following story concerning him, but it is too good to be lost : Dr. Savage was asked to see a patient in *Philip* last week, and after having examined him, was, as usual, accompanied to the door by the House Physician. In a bed opposite there lay an old gentleman, an expert in matters alcoholic. After Dr. Savage's departure he remarked to Sister, "who was that old gentleman with the silk 'at who has been talking to No. 41, for no end of time, and getting him to blow out matches and such-like games ? Dr. East was the only one as spotted as 'ow he was drunk, and 'e took him out of the ward."

SPORT

RUGBY

Guy's v. Metropolitan Police

At Imber Court 14th February, 1959
Result—Lost 3-13

In a match played in dry conditions Guy's lost to Metropolitan Police by two goals and a penalty goal to a try. Guy's were forced to make a change before the kick-off; in the absence of Nicholas, Mr. T. L. T. Lewis re-established himself at full-back, and Myall, the selected full-back, moved to fly-half.

The dry ball made for open rugby and both sides threw the ball about when in possession. Although the police had the heavier pack, poor binding in the loose and lack of support in the lines-out by the Guy's forwards, allowed the home team more than their fair share of the ball. In consequence, the Police were more frequently on the attack. There weak tackling allowed the Police to gain much ground and on two occasions only excellent tackling by Mr. Lewis prevented two certain tries.

Boyd, at scrum-half, hindered by poor protection, constantly attempted to get the ball away, and when in possession the Guy's three-quarters showed much determination. Rarely, however, were they able to penetrate the stubborn defence of the Police. In the forwards, Blackwell and Buirski showed up frequently.

The Police opened the scoring early in the first-half, when their blind-side wing forward dived over from a maul near the Guy's line. They increased their lead just before half-time when the fly-half broke and put their centre through to score. Both tries were converted. Late in the second half, the Police increased their total with a penalty goal. Guy's then gained their points; Wright broke through and passed on to Egwuata, who shook off several defenders and scored in the corner. The kick failed.

Team: T. L. T. Lewis; D. Biggs, C. J. Wright, J. Leyshon, V. Egwuatu; R. Myall, N. F. Boyd; R. W. May, W. M. Patterson, A. C. Knight, B. Blackwell, P. W. R. Harris, D. A. Lloyd-Edwards, A. P. Buirski (Capt.), D. Bryant.

Guy's v. Aberavon

At H.O.P. 21st February, 1959
Result—Lost 3-17

A truly Welsh element was apparent in both the rugby and the weather at Honor Oak Park, when Aberavon beat Guy's by a goal, a penalty goal and three tries to a try. Guy's gave a spirited display and were unlucky not to reduce the margin of defeat.

Aberavon kicked off with the wind, and the Welsh threequarters were quick to show their skill. Ashton at fly-half proved the master tactician, splitting the Guy's defence with his well placed kicking and his elusive running. Aberavon scored first from a penalty goal and then increased their lead when a forward gathered the ball from a cross kick and scored under the posts. The kick failed. Guy's took every opportunity to attack and used the short penalty kick to good effect. From a stray pass however, an Aberavon centre gathered the ball and ran through to score. The try was converted. Ashton kept Guy's in their own half with some good touch kicking and Aberavon went further into the lead with an unconverted try, after a break by H. Davies.

Guy's then scored their try. Hawley snatched up a loose ball on the half way line and had a clear run to score. Myall failed to convert. The game continued at a fast pace and following some good handling by the Hospital, Buirski kicked to the corner, where Biggs just failed to get the touch-down.

Half-time : Guy's 3, Aberavon 14.

Guy's maintained their pressure in the second half. Aberavon were unable to kick satisfactorily against the wind and keen tackling by the Hospital restricted the visitors' moves. Guy's benefited by Aberavon's mistakes and were gaining a large share of the ball from the loose and lines-out. The Hospital's efforts were without reward, however; Harris was held up short of the line, Nicholas went near with a long drop at goal and Buirski just failed with two penalty attempts. Late in the second half, Aberavon made a rare appearance in the Guy's half and from a move initiated by Ashton, Collins scored. The kick failed.

Although Guy's failed to stop Aberavon's initial onslaught, the Hospital forwards came back to give a good account of themselves. Unfortunately the threequarters lacked penetration. The reversal in the half-back combination looked sound and Nicholas's pulling and tackling was most noticeable.

Team: R. W. T. Myall; V. E. Egwuata, R. T. Hawley, C. J. Wright, D. Biggs; J. R. D. Nicholas, N. F. Boyd; A. C. Knight, W. M. Patterson, R. W. May, B. Blackwell, P. W. R. Harris, D. R. Lloyd-Edwards, A. P. Buirski (capt.), I. Chisholm.

BOXING

In a return fixture at the Imperial College Gymnasium, Guy's Hospital A.B.A. drew 3-3 with Imperial College A.B.C., the number of bouts being reduced by injuries on both sides.

(*Guy's names first*)

Bantam-Weight—M. Reeve *v.* R. Kirpelani

M. Reeve met Kirpelani for the third time this season each having won a previous bout. In a bout which was again clean and fast Kirpelani just gained the edge of a points decision.

Light-Weight—E. Chater *v.* G. York

Giving away weight to the short and stocky Yorke, Chater boxed defensively with his long left but was floored by a right to the jaw in the first round and although he got up and moved around quickly he was soon in trouble, the referee stopping the contest after he had been floored for a second time.

Welter-Weight—P. Leopard *v.* D. Faulkner

P. Leopard had another of his hard contests finding it hard to assert his superiority against a tall opponent with a good left hook. Eventually his straight lefts and right crosses gave him a hard-earned points victory.

Light-Middle Weight—
J. Shoemann *v.* L. Williams

Mainly due to a more aggresive last round J. Shoemann won a narrow points victory over an opponent with a rather disconcerting 'windmill right.'

Light-Middle Weight—
D. R. Stubbs *v.* T. Banks

D. Stubbs dealt very successfully with a short stocky opponent currently billed as a knock out specialist. Mainly due to Stubb's left leads and partly due to his own exhaustion Bank's was unable to complete the last round, the referee stopping the fight in Stubbs's favour.

Light-Heavy Weight—
M. Loader *v.* P. Vine

Loader lost on points to Vine mainly on the last round; behind on the first two rounds, Vine produced a surprisingly strong finish scoring against a tiring Loader.

Result : 3-3.

This was the last contest before the U.H. Championships on 19th March. Training is in the Pavy Gymnasium on Tuesdays and Fridays at 5 p.m.. All are welcome as we need a stronger entry than we have at present.

CROSS COUNTRY

The Inter-Hospitals' Kent Hughes Cup 1959

The Inter-Hospitals' Championship was held this year in Epping Forest at Hale End. The result was a win for Guy's for the third year in succession.

The race was held over a two-circuit course covering 5 miles.

The start was fast and from the beginning Guy's held good positions. Davis led the field away with Rickett on his heels and two Mary's men close behind. A little further back covering positions 8-13 were Phipps, Moore, Oni Orisan and Gedge—all running very easily and worrying the leading St. Thomas's and Bart's runners.

After about two miles Davis dropped to fourth position with a stitch, but he managed to keep going and did very well finishing fourth. Rickett ran on to finish second.

Credit must be paid to the fine packing of Phipps, Moore, Oni-Orisan and Gedge. They succeeded in breaking the Mary's team and all finished in the first thirteen places.

Result :

1. Guy's Hospital "A" team (2, 4, 8, 9, 12), 35 points.
2. St. Mary's Hospital (1, 3, 5, 15, 19), 43 points.
3. St. Thomas's Hospital (6, 10, 16, 17, 18), 67 points.
4. The London Hospital (14, 23, 24, 25, 26), 112 points.
5. Guy's "B" team (28, 37, 38, 39, 40), 182 points.

Individual

1. P. Sperryn, *St. Mary's.*
2. J. Rickett, *Guy's "A".*
3. T. Bryan, *Guy's "A".*
4. A. Davis, *Guy's "A".*
8. P. Phipps, *Guy's "A".*
9. D. Moore, *Guy's "A".*
12. Oni-Orisan, *Guy's "A".*
13. P. Gedge, *Guy's "A".*
22. J. Mitchell, *Guy's "A".*
28. M. Ford, *Guy's "B".*
34. A. Parratt, *Guy's "A".*
37. R. Sainsbury, *Guy's "B".*
38. D. Willé, *Guy's "B".*
39. N. Stamp, *Guy's "B".*
40. O. Legge, *Guy's "B".*

Time : 33 mins., 32 secs.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

Applications are invited for a **full-time Research Fellowship in the Thoracic Surgical Unit** for research on Cardiovascular problems. It is desirable that applicants should possess a higher qualification in Surgery. Initial salary normally within the range £972 to £1,258 per annum, according to the experience and qualifications of the person appointed, but in special circumstances a higher initial salary would be considered. Applications, with the names of three referees, should be sent to the Dean, Guy's Hospital Medical School, as soon as possible.

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post

Applications are invited for the resident pot of **Senior House Officer** for six months commencing on 1st April, 1959. The unit, which is housed in the Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal Hospital and the Maudsley Hospital. Applications should be made by the **7th March 1959** to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

GUY'S HOSPITAL

A **Dental House Surgeon** is required in the Prosthetics Department in the Dental School for the period ending 7th August, 1959, to commence as soon as possible. Applications should be sent to the Superintendent, Guy's Hospital, London Bridge, immediately.

PASS LIST

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.

P. K. M. Barrett

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.D.S.

C. H. Kidner — W. Sims

F.R.C.S.

Primary Examination

J. D. Ellis — K. E. Thomas
G. E. Fulford — J. P. A. Weaver
T. E. Jeffreys

FACULTY OF ANAESTHETISTS

Fellowship

S. S. Barker — M. D. A. Vickers
M. W. Potts

NURSING NEWS

GUY'S HOSPITAL ADMINISTRATIVE STAFF

MISS J. ADDISON, *Matron*

Sister R. Tanner — *Assistant Matron*
,, A. L. Perkins — *Assistant Matron*
,, M. Weatherall — *Office Sister*
,, B. A. White — *Administrative Sister*

Home Sisters

E. Grimwood — *Home Sister*
D. L. Smith — *Assistant Home Sister*
D. Parkins — *Home Sister, Hilton House*
G. Barnard — *Home Sister, Bramham Gardens*

School of Nursing

Sister Marion Stockdale
,, Brysson Whyte
,, I. Pheasant
,, T. Swindells
,, B. Warne
,, J. Sawyer

Preliminary Training School

Sister Audrey Lewin
,, R. Butler
,, M. Walker

Midwifery School

Sister J. McNiven — *Midwifery Tutor*

Heads of Departments

Sister	M. Lloyd	*Nuffield House*
,,	D. Jackson	*Midwifery Superintendent*
,,	S. M. Evans	*Physiotherapy Dept.*
,,	B. M. Randles	*Radiography Dept.*
,,	D. Chrimes	*Out Patient Dept.*
,,	E. P. Johnson	*Dental Department*
,,	M. Rusby	*Radiotherapy Dept.*
,,	J. Jarvis	*Surgery*
,,	E. MacDonald	*York Clinic*
,,	B. Rix	*Night Superintendent*
,,	M. Laws	*Theatre Superintendent*
,,	B. Stevenson	*Victoria*

Ward and Departmental Sisters

Sister	A. Falwasser	*Job*
,,	E. Marvin	*Nurses' Sick Bay*
,,	L. Puddifoot	*Night Sister, Nuffield*
,,	P. Smythe	*Christopher*
,,	D. Tart	*Nuffield B*
,,	M. Ellick	*Out Patient Dept.*
,,	M. Calvert	*Nuffield Theatres*
,,	P. Asquith	*Addison*
,,	M. S. Griffith	*Nuffield C*
,,	M. Relihan	*Barnabas*
,,	B. M. White	*Miriam and John*
,,	J. Russell	*Astley Cooper*
,,	J. Bennett	*Patience and Samaritan*
,,	A. Lunn	*York Clinic*
,,	A. Crump	*Diplock*
,,	O. A. Harland	*Mary*
,,	J. Brotton	*School of Nursing*
,,	E. M. Coulson	*York Clinic*
,,	E. E. Roberts	*York Clinic*
,,	J. Summers	*Lydia*
,,	E. Barton	*Ruth*
,,	P. Jowett	*Sarah Swift*
,,	U. Thomas	*Theatres*
,,	K. J. Davies	*Victoria*
,,	H. Knight	*Bright*
,,	P. Tobin	*Nuffield A*
,,	M. Hilton	*Dorcas*
,,	K. Hopkins	*Luke*
,,	R. Brayford	*Queen*
,,	M. W. Watson	*William Gull*
,,	H. Smith	*Wilks*
,,	J. Woolley	*Victoria*
,,	E. Cowan	*Victoria*
,,	A. Caunce	*York Clinic*
,,	E. Everitt	*York Clinic*
,,	J. Parry	*Victoria*
,,	H. Young	*Night Sister*
,,	M. Power	*Surgical (Night)*
,,	J. Shaw	*Caleb*
,,	K. Marshall	*Nuffield D*
,,	U. Till	*Relief Sister*
,,	R. Ringer	*Theatres*
,,	E. Cauwood	*Theatres*

Study Leave

Sister	M. Day	*Midwifery Training*
,,	L. Bishop	*Midwifery Tutor's Course*

GUY'S UNIT

NEW CROSS HOSPITAL

Sister	F. Carter	*Assistant Matron*
,,	R. Thirlaway	*Home Sister*

New Cross Wards

Sister	J. Bywater	*Night Duty*
,,	M. Callis	*Ward 5b*
,,	P. H. Menzies	*Ward 5a*
,,	E. M. Hodgson	*Ward 4a*
,,	G. Herbert	*Ward 4b*
,,	R. Brown	*Ward 3a*
,,	J. Shepherd	*Ward 3b*

EVELINA HOSPITAL

Sister	M. Duncombe	*Lady Superintendent of Nurses*

Administrative

Sister	S. Dodson	*Home Sister*
,,	K. Kershaw	*Sister Tutor*

Evelina Hospital Wards and Departments

Sister	M. Neeve	*Surgical I*
,,	R. P. Galbraith	*Surgical II*
,,	A. Abbott	*Night Sister*
,,	R. M. Knights	*Rothschild*
,,	M. O. Colthorpe	*Evelina*
,,	M. Boswell	*Theatres*
,,	J. Erskine	*O.P.D.*
,,	E. Wynne	*Charlotte*

Left:
Sister Christina Youell, *School of Nursing.*
S/N J. Byles, *O.P.D.*
S/N J. Richards, *Theatres.*

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d. 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

Required

ASST. DENTAL SURGEON—Keen conscientious worker with view to succession. For details apply to Appointments Bureau or write to Box No. 170.

To Let

4-BERTH CARAVAN, fully equipped. Cuckmere Haven—Downs and Sea. From £4. weekly. Particulars on request. Box No. 171.

For Sale

DETACHED 3 BEDROOM HOUSE with Garage. Herts and Essex border. 1 hour from Liverpool Street. Box No. 169.

Apply The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1, and please make cheques payable to Gazette Office.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1

CHANGES OF ADDRESS

Iris Ashken (née Platt), M.B., B.S., 60, Wychwood Avenue, Canons Park, Edgware, Middx. (Edgware 1140).

G. P. Baker, M.D., M.R.C.P., 5, Harland Avenue, Croydon. (Addiscombe 6762).

A. A. Collis, M.B., B.S., D.A., "Trecwyn", The Retreat, Merthyr Mawr Road, Bridgend, Glam. (Tel. 1238).

BIRTHS

BALL.—On 5th February, 1959, at Leeds Maternity Hospital to Margaret (née Raddall, S.R.N.), and David Ball, M.B., Ch.B., D.A., a son (Peter David), a brother for Jane.

CAMAC.—On 12th February, 1959, to Joyce (*née* Swift), wife of J. C. Camac, M.B., B.S., a daughter (Sandra Gail), a sister for Tina, Deborah and Alison.

HAMILTON.—On 8th January, 1959, to Mary (née Magor), and Jim Hamilton, a daughter (Susan Anne), sister for Jenefer.

EDS. {J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1843 14*th March* 1959 *One Shilling*

PASSIM

SINCE the sunny Sunday that was March 1st, the patients of Guy's have had daily visits. After years of thrice-weekly visiting, the Governors have introduced visiting hours which allow an hour on Sunday and Saturday afternoons as before, with a half-hour at 7 p.m. on the other five days of the week. Having urged, in November, that the admitted drawbacks of daily visiting were not adequate grounds for Guy's being almost the only teaching hospital not to have introduced it, we now utter three cheers; we really think this an advance of some importance. Ward sisters are unanimously pleased that it has come about, and many a wistful and a grumpy query from patients will now be a thing of the past. Visiting in the children's wards is unchanged; the ladies in *Victoria* will see their husbands from 7 p.m. to 7.30 p.m. instead of 7.45 to 8.30 p.m., and will lose the Wednesday afternoon hour, in common with general patients. One has to admit that 5.30 on Wednesday was a convenient hour for relatives coming from work, but the exchange would be worth while, but for the bald proviso that "One Visitor Only" is to be allowed in the evening half-hour. We are assured that this means what it says, and that no "changing places" will be allowed. If it is not base ingratitude to say so, is this not spoiling the ship for a ha'porth of tar ? Nobody can feel sure that he will be successful in visiting a friend or relative, when he may be completely defeated by the earlier arrival of another kind soul visiting the same patient. Many a lady visitor after dark would normally be escorted to the hospital—are we to keep her escort waiting half-an-hour and refuse him an exchange of greetings with the patient ? This provision is likely to be unenforceable; it would be reasonable at least to amend it to "One visitor *at a time*". But, to cavil no more, we rejoice that the once almost utopian dream of daily visiting has now become a generous reality.

We congratulate Miss I. D. Gregory upon her appointment as Consultant Ophthalmologist to the Dartford Group of hospitals, and welcome Mr. C. M. Ruben in her place as Senior Registrar in the Department of Ophthalmology.

The Keats-Shelley Association recently held its annual Keats Memorial Lecture in the Medical School, a pleasant salute to a notable *alumnus*, who personifies the old tag that art and science meet happily in Medicine.

As we go to press, we learn with deep sorrow of the death, on March 6th, of Dr. E. H. Rink, F.F.A.R.C.S., Consultant Anaesthetist to the Hospital. A Memorial Service will be held in the Chapel at 1.30 p.m., on Tuesday, March 17th, and an Obituary notice will be published in the next issue of the *Gazette*. To his widow and to his family we offer our most sincere sympathy.

It is pleasant to record that in the referendum to ascertain the opinions of students on the amalgamation of the Students' Union and the Students' Club, a very large proportion of students registered a vote. The unhappy prolongation of uncertainty whether a representative opinion had yet been obtained has now been settled, thanks to the infinite patience of Mr. Wass and his committee, who have refused to be deterred by apathy or to be hustled by the vociferous; they now announce in this issue that almost half the students at Guy's are positively in favour of amalgamation according to the constitution published in the *Gazette* of 3rd January. Of the amendments suggested, (the ninety-five opposition voters did not specify their objections), those who suggested increased dental representation on the committee have already had satisfaction, while the ten per cent. minority who specifically opposed the published provisions for the future of *Pulse*, will have their suggested amendments reported to the Clubs' Union Council for consideration.

The steps taken by the Committee of the Students' Club during the last few weeks to limit the entry of non-members into the Club on Saturday evenings have been very successful, and most members will have noticed, and appreciated, the improvement in comfort both on the dance floor and in the bar.

The Guy's Golf Society, winners for the last three years both of the University of London and of the United Hospitals' championships, provide four of the team of eight which represents London University on its Scottish tour this month. They include the acting Captain, Mr. D. M. Holmes, and the Secretary, Mr. R. J. Cockerill. The other members are Mr. K. G. Richards and Mr. R. H. Mummery, the latter recently named as a "possible" by the selectors for the forthcoming Walker Cup match. We congratulate the Guy's golfers on this fine show of strength.

We very much enjoyed the Residents' Play, and have heard only of enjoyment from all sides. Congratulations are once again due to the President and the Residents upon their versatility, and particularly on their ubiquity in preparing and presenting the play while keeping the wheels turning in the wards, an impossible task performed with nonchalant ease.

Alas for the new paint on the windows of Hunt's House facing the Park. With a chill, gusty wind blowing from the Colonnade, the man painting the ground floor worked doggedly upwind last week, painting one window-frame and then hastening to its neighbour with a brush and a metal implement. Enthusiastic removal of the quarter-inch of dust trapped in the frame released a ludicrous, abrasive cloud which swept unerringly on the neighbouring window, painted minutes before. As the paint moved steadily through shade after shade of cream, off-cream, dark cream, to dirty cream, the impression was that several years had fleeted in a few moments. When the next coat of paint is applied, years hence, perhaps the man with the brush will spare a glance for the weather-vane and work downwind.

GUY'S DIARY

MARCH			Exhibition. Department of Surgery. *The Suprarenals.*
16th	M	1.00	Dr. J. M. Hall. Clinical Lecture. *Carbon Dioxide and the Anaesthetist.*
17th	T	1.00	Mr. Patrick Clarkson. Clinical Lecture. *Plastics in Modern Surgery ; with a note on the Flat Chest.*
19th	Th	1.00	Mr. S. H. Wass. Clinical Lecture. *Cold Abscesses.*
20th	F	1.00	Dr. I. C. K. Mackenzie. Clinical Lecture. *The Intracranial Bruit.*
		1.00	Mr. A. R. F. Thompson. Dental Clinical Lecture. *Bridges.*
21st	S		Rugby. 1st XV *v.* Gloucester. (Gloucester).
23rd	M	1.00	Dr. Charles Baker. Clinical Lecture.
24th	T	1.00	Mr. G. Blackburn. Clinical Lecture. *Volvulus.*

NOTICE

CHRISTMAS CARD COMPETITION

Entries are invited for a competition to design a Guy's Christmas card, in which the *Gazette* Committee will award two prizes, of ten and five guineas, for the best line or wash drawings received. Dr. W. N. Mann and Mr. J. S. Tomkinson have agreed to act as judges. Competitors are invited to bear in mind that their design should have some link with the Hospital. The closing date for entries, which should be addressed to the Editor of the *Gazette*, Guy's Hospital, S.E.1, is Friday, 1st May.

GAZETTE INDEX

The index for 1958 will be sent to subscribers in the near future. Its completion has been delayed by influenza.

PEDAGOOGLY.—XVIII

Mitosis tolls the knell of parting gene,
The chromosomes will grope their poleward way
Leaving upon the dark enzymic scene
Naught but immortal coils of D.N.A.

NOTICES

VISITING TIMES

As from 1st March, 1959, the Wards will be open to Visitors at the following times :—

GENERAL WARDS

Monday, Tuesday, Wednesday, Thursday, Friday. From 7—7.30 p.m. *One Visitor only.*

Saturday and Sunday, 2.30—3.30 p.m.

Not more than *Two* Visitors to each patient are allowed at one time, and only *Three* in all.

VICTORIA WARD (Maternity)

Monday, Tuesday, Wednesday, Thursday, Friday. From 7—7.30 p.m. Husbands Only.

Saturday and Sunday, 2 30—3.30 p.m.

Not more than *Two* Visitors to each patient are allowed at one time.

CHILDREN'S WARD

Each evening, except Sundays, 6—6.30 p.m. Sundays, 2.30—3.30 p.m.

Visitors are requested to leave punctually at the stated hours.

Children under 14 years of age will not be admitted as Visitors to the Children's or Maternity Wards. Children of 7 years and over may visit the General Wards but only if accompanied by an adult.

J. B. BLAIKLEY,
Superintendent.

SUGGESTED AMALGAMATION OF THE STUDENTS' CLUB AND STUDENTS' UNION

The result of the Referendum on the above matter, held on 12th and 13th February, is declared as follows :—

In favour of amalgamation :—	
Unqualified 'Yes'	406
'Yes' with suggested amendments to the proposed Constitution as published in the *Gazette* of 3rd January..	76
	482
Against amalgamation	95

The suggested amendments to the proposed Constitution were as follows :—

(a) 44 amendments concerning *Pulse*, 42 of which suggested that the Club should not guarantee any of its financial losses, or that the newspaper should be deleted from the Constitution or abolished.

(b) 18 amendments suggesting increased representation of Dental students on the General Council of the Club.

(c) 14 miscellaneous amendments.

At the Annual General Meeting of the Students' Club held on 27th February, it was agreed that the above figures should be sent to the Clubs' Union Council for their consideration, together with a recommendation that there should be an increase in the representation of Dental students (both second-year and clinical) on the General Council of the Club.

S. H. WASS,
President, Students' Club.

DENTAL CLINICAL MEETING

The Annual Clinical Meeting was held in the Dental School on Saturday, 7th March, 1959. Over 500 graduates and many distinguished visitors attended, which more than justified the extra work and carefully planned demonstrations arranged by the members of the staff. A report of the meeting, and of the Annual Dinner of the Dental Society, will appear in the next issue of the *Gazette*.

THE RESIDENTS' PLAY, 1959

CROSS PURPOSES

or

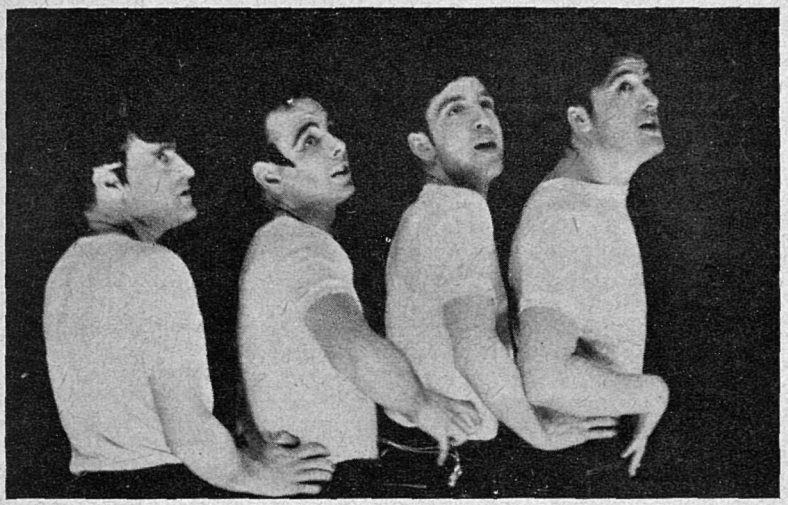
THE HIGHER THE FEWER

by

DOUGLAS ELLIS

Produced by JAMES WILLIS

IT is not for nothing that the Guy's Theatre is the last of the Bankside theatres still in active business and that it has traditions which influence it as rigid as those of Punch and Judy or the Commedia del Arte which slightly precede it. It may also derive something from the bear-baiting arenas which were close neighbours of the "Globe" and "The Swan" but the bears, unlike their consultant fellow victims, were not expected to look pleasant while being baited.



Photos by] [*M. S. Wirk*

Four Angry Young Men ; l. to r., Messrs. Davies, Hornung, Adams, Hayes.

One of the traditions is that the criticism of the play should be written by a previous author, should be detailed and give an account of the action and be uniformly eulogistic. In these respects I shall hardly depart from tradition since I can say straight away that I enjoyed the whole evening immensely and this in spite of the fact that the plot was one of the most tenuous I remember. However, its defects were redeemed, so far as they can be, by a good script, excellent acting and music which was refreshingly new and melodious.

The Curtain rose on four young registrars clad in the black jeans and suede shoes which was all their pittance allowed them and whose posteriors proclaimed them Angry Young Men even if their song did not do it.

THE BEAT GENERATION

Chorus : New Guy's House is a wonderful place
It seems to grow at a terrible pace
But all we ask is—is there space
For four angry young men ?

For :

Some of us are members, some of us are fellows
And some of us have even been abroad
For all the good it does us, we might as well play cellos
In the evening up and down the Edgware Road.

At the R.S.M. we're brilliant at asking awkward questions
But nothing ever seems to come our way
The future isn't rosy because we won't be yesmen
At least that's what we're tempted oft to say.

Chorus : New Guy's House is a wonderful place
It seems to grow at a terrible pace
But all we ask is—is there space
For four angry young men ?

Although we're all short-listed when vacancies occur
It never seems to help us much you know
Though the lists are getting shorter, we're not getting any younger
And we balk at finishing up S.H.M.O.

Our trials and tribulations are known to everyone
Who reads the "Lancet" or the "B.M.J."
A partial post is quite the most we fellows can expect, but we
Believe the Registrar will have his day.

Chorus : New Guy's House is a wonderful place
It seems to grow at a terrible pace
But all we ask is—is there space
For four angry young men ?

We are highly educated and degrees we do not lack,
And some of us possess a motor car.
And we all expect promotion to the wonderful position of
A 'senior' 'senior' 'senior' Registrar.

Chorus : New Guy's House is a wonderful place
It seems to grow at a terrible pace
But all we ask is—is there space
For four angry young men ?

This was, however, only an introduction to the first scene, the Surgeons' Room. Aunt Chassis (Hunt) is discerned contemplating the imposing skeleton of the New Surgical Block together with Kippered (Callum) and his H.S. (Yetman) while they speculate on the difficulty of filling the beds owing to the shortage of patients which Aunt Chassis finds quite remarkable. To them enters Gall (Wright), a "smiling damnèd villain", and this conversation obviously gives him an idea for the plot; Mr. Brawn (Bush) interrupting momentarily his non-stop theatre performance ("We never closed") makes it clear that he expects no difficulty in filling his beds and hints at secret resources which have been suggested by Mr. Chassis' House Surgeon's girl, lovely Ann, who first mentions MacDrain, that name of Power. "Lovely Ann" by the way is played by Miss Ball, a beautiful excuse for a departure from the tradition customary on Bankside.

Dr. Flauntze, Mr. Aunt Chassis, Frank Pus.

The next scene is Sister Squiffy's bower in Addison Ward, its walls covered with china flying ducks and objets d'art which must have left their original home denuded. The chatelaine (played with great enthusiasm and charm by Mr. James) is dispensing tea to Dr. Mouthprate (Taylor) and one who is soon to reveal his villainous character, Mr. Macabre (Peachey). To them enters Dr. Flauntze (Evans) who has many of the best lines in the play, straight from life it is true but "there it is". The Physicians plan, it appears, to take over the New Surgical Block from the Surgeons if only they can get enough new patients, but their real raison d'être is to sing with Sister Squiffy a delightful song:

FLAUNTZE AND MOUTHPRATE : DUET

Mouthprate : *When I conduct a clinical trial*
The drug firms must not suffer
The say the tablets do their work
but proving it's much tougher
So figures we've recorded straight
They alter to their liking
And when we come to publish them
The graphs are really striking.

Chorus : *Which only goes to prove the rule*
Whichever way you leave it
It doesn't matter if it's true
Provided they believe it.

Flauntze : *When I perform an ECG*
I tell them it's expensive
They shudder when they hear my fee
And sit there looking pensive
But when I tell them that its rays
Will work a magic cure
They put their cheque books on the desk
And sign without demur.

Chorus : *Which only goes to prove the rule . . . .*

Mouthprate : *When I injected Varicose veins*
I told them it would cure 'em
They didn't really like the pains
But manfully endured 'em
I'd tell them if it hadn't gone
That they might safely sue one
But when at. length the vein returned
I'd tell them "It's a new one."

Chorus : *Which only goes to prove the rule . . . .*

Flauntze : *When I'm consulted by a peer*
About his wheezing bellows
I try to make him feel at home
By mentioning his fellows
I tell him of my visits to
The better stately houses
But all I ever see there are
The footmen or their spouses.

Chorus : *Which only goes to prove the rule . . . .*

Sister : *When I take my Consultants round*
I'm always deferential
Politeness to the teaching staff
Is really most essential
I tell them how their cure rates are
Approaching those of Lister
But the ones who really cure the most
Are the Nursing Staff and Sister.

Chorus : *Which only goes to prove the rule*
Whichever way you leave it
It doesn't matter if it's true
Provided they believe it.

The curtain falls on Macabre planning to plot with Gall to find patient fodder for the new wards.

The third scene opens to disclose Gall working at a complicated but vague machine which emits occasional electronic buzzes and flashes intermittent lights. He interrupts his research to sing in an excellent voice "The Anonymous Anaesthetist" for the entertainment of Macabre and the audience :

THE ANONYMOUS ANAESTHETIST

I was walking in the park the other day
When I overheard a student say
"Doctor Gall ? Who's he ? I've never heard of him."
How I longed to shout "It's me".

An anaesthetist's a modest sort of chap
Sits incognito in mask and cap
The job's not glamorous I have to admit
But need we be anonymous ?

No Anaesthetist throws instruments about
They're known to speak but never to shout.
Though fun it would be as a great Hall of fame
I'd rather be known as me.

You may know I am as capable as most
Yet people ask how I got this post,
Try and find out why and you will perceive
More in me than meets the eye.

The new Hi-Fi in the Lounge is my passion
Built in the wall in modern fashion
It emits pure sounds, which it jolly well should
For it cost two fifty pounds.

The piano is another of my prides
And my playing has made tremendous strides
Take it as it stands : I can play a major scale
And can almost play cross hands.

You can see in fact I have some wizard things
Even model trains with proper springs,
Though I may be new, people don't mention me :
They're jealous of all I do.

In my presence all my colleagues seem half dead,
We have Helliwell as a figurehead,
Though he's practical, you must admit he's not
So Amateur Theatrical (as me).

Now I think that soon to prominence I'll leap
With my wonder drug for perfect sleep
Worthwhile you'll agree if just one person says
Well done Doctor Gall (That's me).

He then explains that he has discovered a new injectable anaesthetic which puts the patient to sleep but possesses the minor disadvantage that he cannot wake them up again. As an example of his art he demonstrates some remarkably immobile mice and his chef d'oeuvre, a sleeping guinea pig which even in the prevailing gloom seemed to have a peculiar rabbity appearance. It appears that he has also tried it on some patients and that his house and garage have had to be turned into a dormitory for them. Macabre's sinister intelligence sees the commercial possibilities in view of the prevailing patient shortage and in a flash the firm of Macabre and Gall, Purveyors of Patients to Guy's, is born. Contrary to tradition the winking apparatus does not explode and the curtain mercifully veils their diabolical anticipation of triumph.

The fourth scene reveals an elegant backcloth of the Guy's Courtyard and the two Brummagem Boys—Brawn and Brumkinson. They sing of their home town and its charms and discuss the slackness and inefficiency of the effete South which prevents the proper employment of their indefatigable knives. An idea strikes their acute Midland minds; the Hospital that surrounds them is only of historical interest now, whereas New Cross . . . . Suppose they were to seek the aid of the Great Man. The Man of Power, MacDrain ! In a flash they see all the possibilities. The taking over of the New Guy's House for themselves alone. Bigger, better and longer operations and, in an ecstatic vision, complete eviscerations with Brawn starting at the top and Brumkinson starting from the bottom, so to speak !

BIRMINGHAM

There's a place called Birmingham we know,
(We call it 'Brum')
Built upon a marl and sand plateau,
(So said me' mum !)
Whilst it has no river, canal barges will deliver
You and take you where you want to go.
(That's how we've come)
So the advantages to you we'll show,
(We're out for fun)
The attractions then will seem to grow.
Though Sutton Coldfield may be smelly
No aerial's needed on your tele.
In Dear Old Birmingham.

There's a place called Birmingham we know,
(*Close to our heart*)
Where you see the toffs in Colmore Row.
(*We're very smart*)
We are swish up at the top, we know the Bishop,
Have tea in th'episcopal chateau.
("*Two lumps to start*")
Edward Boyle's the man we want to know ;
(*A Tory Bart*)
To Silverman we never would say no.
By doing it politely,
We get off, oh, so lightly,
In Dear Old Birmingham.

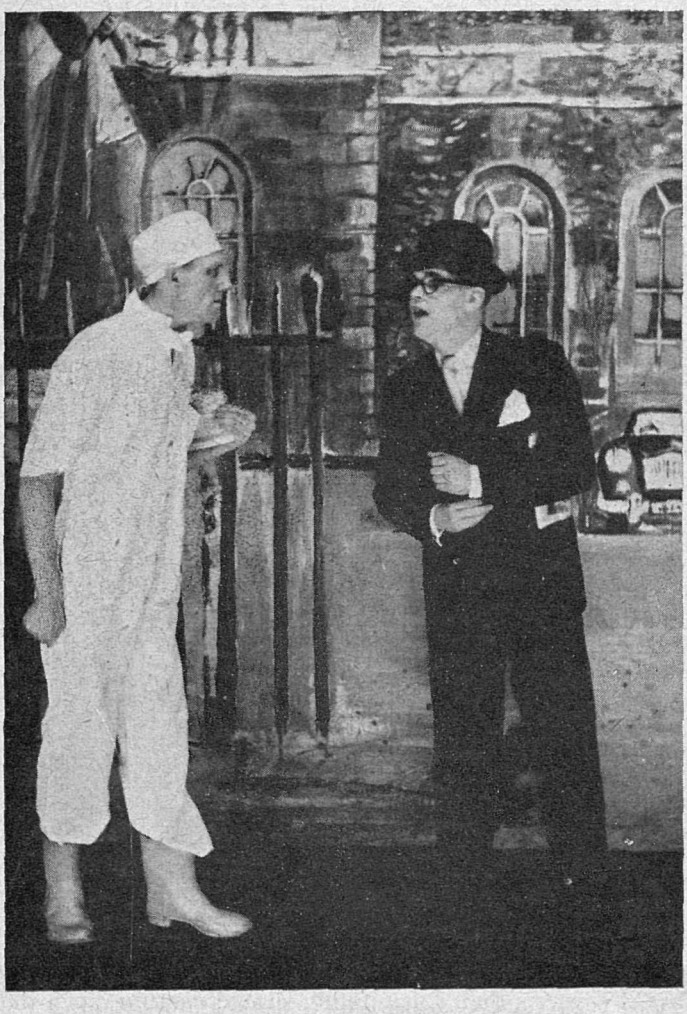
There's a place called Birmingham we know,
(*And often mention*)
It has got so much, some say 'de trop'
(*A French declension !*)
For the art recruit there is the Barber Institute,
And the Rep. oft has a nice tableau,
(*Past comprehension*)
When ill to "Queen Elizabeth's" they go
(*Stand to attention*).
It's to them our genius we owe.
People say we left for fame,
But we wished to spread the name
Of Dear Old Birmingham.

Which is why we proudly say :
Fame and Glory of past and future
Moulded and made from Midland earth :
Smethwick, Gravely, Hockley, Ballsall,
Strickley, Moseley, Sheldon, Polesworth.
These are the homes of Englishmen,
Standing by to fight for Freedom.
When evil threatens and the watchdog barks,
The call is answered by miners and clerks.
We still can say Britannia rules the waves
Whilst Birmingham remains in War'ks :

There's a place called Birmingham that's mine,
(*We talk like glue*)
Population one million and nine.
(*subtracting two*)
When hunger presages, eat Palethorpes sausages
Or go to the Midland to dine.
(*a "Midotel" do*)
Where M. & B. and Whitbreads replace wine,
(*We've 'ad a few*)
And the lads watch Aston Villa's slow decline,
And the Edgbaston wicket
Now has its own test cricket
In Dear Old Birmingham.
Not Knowle or Walsall
Dear Old Birmingham.
I paint the nude
In Dear—2—3—4—BIRMINGHAM.

The fifth scene is set in Addison Ward where Axel Greis (Sears) is lying in bed exhibiting a truly remarkable abdominal tumour. Sister Squiffy is discovered giving a few deft womanly touches to the bed while she instructs the patient as to the correct behaviour of a patient in the presence of a consultant. Mr. Chassis enters with his faithful H.S. Mr. Pus. After a skilful examination and a dissertation

on the difficulties of diagnosis and prognosis, Mr. Chassis decides that an operation would be "quite frightful". Dr. Mouthprate enters just in time to prevent Mr. Chassis filling at least one of his empty beds by transferring the patient for continuous transfusion



Brawn and Brumkinson from Brummagem.
(Messrs. Bush and Shannon)

and while he is inveighing against the New Surgical monstrosity which is cutting out the daylight from the Medical Wards, Kippered wanders in and pardonably confused by the nature of the tumour makes a diagnosis which would necessitate the patient's transference, however unsuitably, to Victoria. Flauntze and Macabre enter on this scene of confusion and Sister Squiffy charmingly sings :

SISTER'S SONG

In the midst of the Medical Ward
There's a place to escape for a while :
Toby jugs and knick-knacks
Flying ducks and snaps
Set the scene in Betjeman style.
There are bulbs in pots,
And polka dots
On the dainty fireplace tile . . .
But stop, I won't talk shop.

Refrain : She's stopped, she won't talk shop.
She's stopped, she won't hear shop.
Though she tends to remember what we'd rather she forgot,
We like having tea with Squiffy.

There is tea with Bermondsey cream
For all men, whilst women are barred.
Buttered bread and not Stork,
Feminine small talk,
Soon get you off your guard.
It is time for tea
At half past three,
So come in when working hard—
But stop, I won't talk shop.

Refrain : She's stopped, she won't talk shop . . .

The Housemen have been splendid
Whom I've had to tea and advise :
Button hole and waistcoat
Always get my vote ;
But you may show surprise
At the things they say
Late in the day
As they gaze into my eyes—
But stop, I won't talk shop.

Refrain : She's stopped, she won't talk shop. . . .

All consultants are most welcome
If they've not been to tea before.
For the way I see them
All men are even
But some are even more.
I can tell you
A thing or two
They have said behind my door :
Doctor . . .

All: STOP, you can't talk shop.

Music fails to soothe the savage breast of Macabre who insinuates that the prevailing shortage of patients is not reflected at New Cross. Mr. Chassis suggests that a deputation should venture down the Old Kent Road to find out what goes on there and Flauntze gallantly offers to lead the party although apparently he was previously unaware that London did not stop at St. George's Church. They depart leaving Macabre to gloat at the success of his machinations, to the obvious concern of Sister Squiffy whom, alas, we see no more.

The first scene of the Second Act reveals a throne room hung with silken banners embroidered in gold letters with the sacred letters "MacD", which surround a throne with a red and gilt canopy. The deputation enter and are pardonably taken aback by their surroundings

which, as Flauntze says, "Look like the Brussels Exhibition—or could it be MacDrain's design for gracious living." After a suitable delay there is a flourish of trumpets, two heralds enter followed by an oriental page carrying a gold stethoscope on a velvet cushion and followed by the beautiful Ann, Brumkinson and Brawn (with even more blood on his white boots) and, at last, the Great Man himself—none other than MacDrain, the King of New Cross. In a mood of splendid exaltation, MacDrain sweeps the whole cast into a glorious anthem :

ROUND THE HOSPITAL SONG : "POWER IS THE THING". 1959

A former Merivale would suffer cakes and ale
And problems of pathology untie.
But changes will occur, new house, new car, chauffeur,
Detective Walter's now a private eye.

Chorus : This is my reason and that's why I sing
Power Power Power is the thing
This is my creed and to it I cling
Power Power Power is the thing.

In surgery thoracical, the attitude's not classical
And ordinary physicians raise a laugh
So Sir Russell not content with the patients he was sent
Appointed Denis Deuchar to the Staff.

Chorus : This is my reason and that's why I sing . . .

Now Surgeons, like Physicians don't care for statisticians
But published work is needed 'ere you've won
But research itself is deadly, so if your name is Hedley
You only write about the way it's done.

Chorus : This is my reason and that's why I sing . . .

In India's sunny clime, they spend a lot of time
Protecting themselves from the sun
Now Stafford-Clark has been there, the telly will be seen there
They've caught the lifeline right from Channel One.

Chorus : This is my reason and that's why I sing . . .

Professors of anatomy aren't noted for their artistry
But Warwick is a different sort of chap
New paint with him is near-disease, by beautifying all he sees
He hopes to put his unit on the map.

Chorus : This is my reason and that's why I sing . . .

Our Children's unformed minds are subject to all kinds
Of persuasion in the ways they ought to think
With future polls in sight Vaughan sees that they think right
So Poplar's twenty thousand soon may shrink.

Chorus : This is my reason and that's why I sing . . .

In the Borough High Street, you may let your eyes feast
On a set of Golden gleaming gates
York Clinic's gone all classy, makes Nuffield House look passé
But the private patients have to pay the rates.

Chorus : This is my reason and that's why I sing
Power Power Power is the thing.
This is my creed and to it I cling
Power Power Power is the thing.

Mr. Kippered, Axel Greis, Sister Squiffy

With a few crisp, contemptuous words to the delegation and a promise of preferment to Ann and an indication that the audience is at an end, MacDrain sweeps out preceded by his glorious attendants and followed by a derisive fanfare; the delegation is left to slink off to report to Aunt Chassis who is meantime testing the cellars of the Prostate of Grimsby. Their departure leaves the stage free for a love scene between Beautiful Ann and Frank Pus. Mr. Pus had an excellent voice and sang with feeling while Ann revealed a husky voice as attractive as herself in the song:

I SAID

Frank : I said I didn't like brunettes
I'd bet anything you like I would marry a blonde.
I like girls petite and fair,
Wide brown eyes and a wistful air,
Parted lips as soft as dew,
That ideal is kept in view.
I wish you weren't so fancy free,
I don't like girls as tall as me,
But I do like you.

Ann : I said I didn't like medical men
For housemen talk of their work all day.
I'd like to meet a Baronet
And be embraced into Debrett.
A rugged flier might be 'One of the Few,'
A City man could be terribly 'U'.
I wish you had a little money,
I don't find any of your jokes funny,
But I do like you.

Frank : I said I hated intelligence,
From hence I would steer clear of University girls.
The one whom I led up the aisle
Would be artistic, dress with style,
Would paint, and play the piano too,
Do all the things that I can't do.
I wish you hadn't won that prize
I don't like clever girls from Guy's,
But I do like you.

Duo : I said I was certain what I liked :
The type I had longed for all my life.
'I'll wait an age until it seems
I discover the girl of my dreams,
Nothing but the best will do,
I'll always look for someone new.'
These intentions seemed quite sound
'Til the day we met when I found
That I do like you—
In spite of being you.

The next scene is the Terrazzo of the Prostate of Grimsby, the gay prospect from which reveals in one comprehensive landscape the Festival Hall, the Tower of London, St. Paul's, Big Ben—or was it the Campanile of S. Marco ?—the Doge's Palace, the Rialto Bridge, the Power Station at Bankside and various other buildings. Chassis is discovered being waited upon by an Italianate barman (Richards) and considerately orders double whiskies and sodas (at Gall's expense) for the disconsolate delegation which enters to announce the failure of its mission. The great patient shortage has now reached a crisis and Gall gives the Physicians an invitation to the cellars of the New Guy's House to inspect some new patients whom he will provide, and, in another part of the Terrazzo, the Surgeons yield to Macabre's offer of a rendezvous for the same purpose in the same place. Flushed with the prospect of success, Macabre and Gall fill their tankards and join with Frank Pus and the Barman in a rousing drinking song which Frank leads with a glassy-eyed co-ordinated inco-ordination which must have been the result of much patient clinical observation.

DRINKING SONG

There comes a time for me
When my tongue is set quite free,
And I am certain I don't bore :
When I take every chance
To sing or perform a dance
That's the time to have a little more.
Never take water
For the sake of your daughter,
Even though you may feel a little ill.
Remember the Nursery Rhyme
Of Jack and Jill's fatal climb
And the reason for their tumble down the hill.

Refrain : *Come fill the glass and Drink, Drink, Drink !*
Come make the most of life
Come cast away all cares and strife
And join us for a drink.

It matters quite a lot
Knowing just when to stop,
But also be certain when to start.
When friends buy their drinks neat
Then hang on but be discreet,
There's no need for life-long friends to part.
If you have had a drachm,
And some Cholecystogram
Comes up to you and says 'How do you do ?'
Don't ask him how he got there
But with a sure and certain air
Go and buy a noggin for him too.

Though he is upside down
Or seems to have a crown,
The customer is always right.
My fellow feeling grows
As his double image glows,
And I stay as barman all night.
Elephants aren't always
To be seen in pub doorways
Though the sign's not as bad as you may fear,
If you have a buzzing head
Please don't try to go to bed
But stay and have another glass of beer.

The next scene is the Superintendent's Office funereally draped and apparently containing only a filing cabinet and a table. The Great MacDrain enters through the window followed by his henchman Brumkinson; Brawn gets stuck in the window (trad.) and is delivered by bringing down a leg (trad.) Further skilful professional manipulation of the file by Brumkinson reveals the mystery of the waiting lists, which contain so few names that MacDrain feels he has now the evidence to persuade the Minister to hand over the New Guy's to be a Greater (or Lesser) New Cross.

The next scene is laid at midnight in the cellars of the New Building and in the dim light Gall and Macabre are revealed. The climax is approaching—Gall is armed with a formidable syringe and hands one to Macabre. The expected Consultants are to be injected with Gall's instantaneous anaesthetic so that they can be sold as patients by the syndicate. Who is to be sold to whom is not quite clear, but as Flauntze would say "There it is". The villains conceal themselves, and enter severally Chassis, Kippered and the faithful Frank Pus, and from the other side, Mouthprate and Flauntze. The two groups meet in the darkness, discover they have come on the same errand and suspect, as the ever perspicacious Flauntze says, that they have been "sold up the river". They turn to Aunt Chassis for guidance and he leads them in a stately round dance showing them where to go though where he did not know :

FOLLOW AUNT CHASSIS

Chassis : *For years I have been leading*
The Committees here at Guy's
And the other Hospital to which I go,
I recall (as does Sister Job
With undisguised surprise)
How I show them where to go, but do not know
Chorus : *We are searching for a man*
Who will lead us to our goal :
Lots of Patients
Jobs for all
That will keep us off the dole
Though we know he doesn't know
Where he's going, even so
We will follow Great Aunt Chassis if he leads.
Mouth : *I only call a Surgeon*
When the need is very great,
And although I am no rigid Anglophobe
The Surgeon I have chosen
From the very earliest date
Is a Scot and thinks a lot of Sister Job
Chorus : *We are searching for a man . . .*
Frank : *Though I follow in his footsteps*
Looking very keen and bright
I do hope they don't fulfil their patient quest
We've gone round in smaller circles
So I think that I'm all right
They may fret, but I will get a hard won rest
Chorus : *We are searching for a man . . .*
Flauntze : *The further that we venture*
The more certainly we'll fail,
For the scenery does repeat, so to say,
My protean nature calls
Like Philomel the Nightingale
"We've not moved"—and there it is—just not our day
Chorus : *We are searching for a man . . .*

Chassis : *Our journey's almost over*
And we're back where we began,
I knew they knew I knew not where to go ;
I will sit and watch the lead
Be taken by some other man ;
My little trick has made them fit to run the show

Final Chorus : *We were searching for a man*
Who would lead us to our goal :
Lots of patients, jobs for all, that would keep us off the dole
Now we know he always knew
Just what he planned to do
We will lead, but please Aunt Chassis, follow us.

Dr. Macdrain (Mr. de Groot), with retinue (Messrs. Adams, Membrey, Robertson).

Gall makes a sudden appearance. "Where are the patients ?" "Over there" says Gall pointing at Chassis and as Flauntze looks Macabre stabs him from behind and drags him away. "Where are the patients" ? says Chassis to Macabre. "Over there" says he and Gall injects Chassis. With a last expostulating gesture as if even in coma he is saying "Quite frightful", he is similarly disposed of. Mr. Pus and Dr. Mouthprate are dealt with in the same simple manner but Kippered, without suspecting what has happened, is naturally too fly to be caught napping and leaves the villains behind triumphing over their bag—three assorted consultants and one house surgeon.

The next and final scene is an office at Guy's where a Ministry official is examining the exiguous waiting list which is all that Kippered can produce. The official looks black. "This is very serious" he says. "I have no option but to ask the Superintendent of the nearest General Hospital to take over the new block." "But who" says Kippered (as if he didn't know !) There is a flourish of trumpets without and in comes the inevitable MacDrain with his train including Brawn and Brumkinson and Beautiful Ann. MacDrain at last has realised his ambitions and proceeds to allocate the beds to his supporters while Kippered is given a humble session on alternate Tuesdays, but at this moment in comes Gall with a heap of files containing long lists of patients and Macabre leads in his four victims from the cellars all erect but apparently fast asleep. Ann rushes up and kisses Frank Pus who instantly awakes. "Ah" says Gall "*that's the cure. The Sleeping Beauty in reverse*" and flushed with triumph Ann kisses the rest of the sleepers who immediately awake.

Approving of the treatment, the sly Brumkinson lines up with the sleepers (and who are we to blame him) but Ann repels him with disgust. Mr. Chassis is the first to speak for all: "Where is my House Surgeon ? I don't understand this at all". And with Ann leading the cast in

LOVE CONQUERS ALL

The songs have been sung, and the story told,
The puns have been punned enough.
Though the villains have failed in their monster bluff,
The moral is one you have known of old ;
Love Conquers All

Thank you for coming, and bringing your friends,
Thank you for lending yourselves.
Whilst we have enjoyed being you ourselves
We hope you'll recall if we did offend
Love Conquers All

the curtain falls for the last time on a most entertaining play.

Douglas Ellis gave the cast excellent lines of which under the skilful guidance of the producer, James Willis, they took every advantage. Mr. Hunt gave a sympathetic and realistic study of the Senior Surgeon; Mr. Callum for physical reasons gave an excellent performance of Mr. Callum playing Mr. Kippered. Mr. Wright was a sinister and mellifluous Gall. Mr. Shannon was Mr. Brumkinson to the life and de Groot as MacDrain, Bush as Mr. Brawn, Peachey as Macabre and Taylor as Mouthprate nobly supported the author by their impersonations and their elocution. Mr. James was delightful as Sister Squiffy and it was sad that the exigencies of the plot prevented her appearance after the first Act although I think it would have made little difference to the plot if she had done the honours in the Cellars or at the Prostate of Grimsby as well for the matter of that.

Mr. Evans was a constant delight as Flauntze and he and Aunt Chassis had consistently good lines. Mr. Yetman was the best hero I remember seeing and certainly the best singing hero.

My admiration for Miss Ball will have appeared from the previous text but she acted her part with the naturalness which conceals the artistry.

Members of the Theatre Club, unseen Residents and others greased the wheels behind the stage so that everything went smoothly in front. I liked the drop scenes devised by Chris Mallinson although I deplore the excessive use of funereal "drapes".

The stage has many traditions and the Guy's stage is no exception. One used to be that the Hero and Heroine had to be the President and Vice-President of the Residents respectively. The present-day authors are fortunate that this sometimes disastrous tradition has disappeared.

The scenery used to be more elaborate but the present simplicity may be dictated by economy. It used to be a tradition that every Resident had to have a part (and at least one line to say). As an ex-author I don't entirely regret this departure from tradition but it

deprives us of the choruses of students, patients, physiotherapists, and nurses who used to diversify the scene and I specially regret the almost total disappearance of nurses from the Residents' Play.

It used to be said that the Residents' Play was given as a return for the Nurses' Dances. I don't know if that was the case but at all events since the War they have been conspicuous by their absence. This year there were none, the year before a rather perfunctory pair and the year before none, unless one includes the opening chorus. Nurses are as traditionally necessary to a Residents' Play as salt is to cooking.

I have left the lyrics and the music to the last. Roy Meadow, Douglas Ellis and James Willis who wrote the lyrics were excellently served by Tony Bron, Richard Spurrell and Thomas Sherwood who wrote the music. I don't know who wrote which but it was all delightful even when deliberately reminiscent. The Guy's Residents have been singularly fortunate in their musicians since the almost legendary days of Oliver Ive, and the "Residents' Musick" is in safe hands for a long time to come. The actual execution by Spurrell and Sherwood was most accomplished and the percussion was in the safe (if to me invisible) hands and feet of Jack Gibbs (trad.) I shall hasten to buy the record.

Altogether a very enjoyable evening.

E.R.B.

MEDICOS LOOK AT . . . .

London is unique in many ways but in one respect it cannot be rivalled by any other town or city in Britain or probably anywhere in the world. It has a very large number of repertory cinemas where it is possible to see both old and new British and foreign films of outstanding merit. There are in addition many cinemas specializing in the showing of new foreign films although these are mainly in the West End and are rather expensive. However, most suburbs have one repertory cinema, usually a *Classic*, where it is possible to see recent films one has missed or even some of the outstanding films of the past twenty or thirty years. It is difficult to get information about the programmes but there is a weekly magazine called *What's On* which gives not only the films which are being shown during the following week but also a brief resumé which usually helps one to recall what the film is about. In more recent months the magazine has been marred by its advertisements for the clubs in Soho which specialize in nude shows, although it should be added that *What's On* also contains information about concerts, art exhibitions, museums, restaurants, sporting events, etc.

These repertory cinemas and where one can obtain their programmes are mentioned because it is likely that it is only in one of these that one will be able to see *La Strada* or *Cabiria*, films in which Giulietta Masina has appeared. Her latest film *Fortunella* is still running in the West End. This Italian star has been called a "female Chaplin" and perhaps mainly for that reason is worthy of mention. She has a wonderful face which changes naturally like that of a child. It expresses delight, triumph over difficulties, despair, gloating over adversaries, pathos, in rapid succession, and she does not depend on glamour produced by facial beauty, clothes or the corporeal shapeliness on which so many Italian and other film stars rely. Her hair is short and straight, often untidy and obviously dyed blonde. Her clothes do nothing to conceal a short, almost dumpy figure and she frequently wears the most atrocious shoes and sox. Some of the incidents in the film are pure Chaplin—her falling asleep in the bathroom of the handsome film star who has picked her up, and her wakening from the cramped position in which she was lying, her triumph over the doorkeeper and other flunkeys who previously prevented her seeing the rich old man who she imagined might be her father. Like Chaplin she is always poor, sometimes up, sometimes down but usually optimistic.

However, she is no Chaplin if only because she also relies on shouting and bawling and bursts of anger against the blows of fate. Chaplin was more subtle. Besides, the films as a whole are inferior to any of the better Chaplin films. One gets the impression that her films have deteriorated. *La Strada* which is strongly recommended was by far the best and *Fortunella* almost poor. Perhaps this new star was being relied on too much in her later films.

* * *

Ballet can be seen during most of the year in London and especially at Covent Garden where Dame Ninette de Valois has built up a world-famous company. To some people an evening at Covent Garden is their greatest delight. To others ballet is a bore, or rather silly, because it is difficult for them to accept its conventions although they may find no difficulty with the soliloquies of Shakespeare or the hundred and one improbabilities of any stage play. Women, perhaps with their greater powers of imagination or because they have all been to ballet classes when they were little girls, find it easier to accept the way in which ballet is presented. In addition ballet is thought to be slightly effeminate and it must be admitted that the rôle of the male dancer is frequently to act mainly as a support, literally and metaphorically, for the leading ballerina. Anyone with a knowledge of ballet realizes that the latter is not really true and that only a strong, fit, athletic man can perform the solo dances of many well known ballets. It may appear obvious to state this but a good ballet is a perfect blending of music, dancing, acting, story and scenery (choreography, libretto and décor could have been written for three of these) and when one sees that one's pleasure knows no bounds.

A typical programme at Covent Garden this winter may include *The Lady and the Fool, La Fête Etrange* and *Mam'zelle Angot*. The music of the first is by Verdi arranged by Mackerras. Beecham said recently on television that the trouble with modern operas was that they had no tunes. Nobody could complain about the lack of tunes in the music chosen for this ballet. Cranko's choreography matches the music and one is waiting for a "mute inglorious Milton' to write a new version of

> " Blest pair of Sirens, pledge of Heav'ns joy,
> Sphere-born harmonious Sisters, Voice and Verse".

in which will be extolled the harmonizing of music and dance. Perhaps the finest modern example of this is Ashton's *Symphonic Variations*. The story of *The Lady and the Fool* is the old one of the rich, beautiful woman rejecting the rich, handsome suitors in favour of the poor clown. There is a mixture of gaiety and sadness in the ballet which is most appealing, although it must be admitted that humour in ballet (and opera) is one of those things which never really comes off, but more of that in a later note. There is some fine ensemble dancing as well as solo dancing by the leading lady and her suitors.

La Fête Etrange is a sadder, more deliberate work and rather strange as the name suggests. In this the dancing of the country boy and the young bride whose wedding is cancelled because of their infatuation for each other is all important and Trecu as the young man and Beriosova as the bride are outstanding. The scenery and costumes with their subtle blending of pale colours with greys and black and white are by Sophie Fedorovitch and are a perfect match for the atmosphere created by the music and story.

And finally, "*Mam'zelle Angot*", one of those ballets which end with ensemble dancing for which the Royal Ballet is justly famous. The choreography is by Massine whose ballets are always gay and bright. One could name several ballets which end with the stage full of dancing, twirling, brightly clad figures and send the audience out into damp, foggy Bow Street with a warm feeling in their hearts which cannot be quenched even by the cougher, talker, conductor and singer sitting on their left.

* * *

These comments are not intended to be reviews or criticisms of plays, films, exhibitions, etc. Contributors are not going to "first nights" and their contributions will appear only every month. The result will be that comments will be about what has happened, is happening or is about to happen. It is hoped that interest will be stimulated and that readers will if sufficiently stimulated find out what is still on or look out for the appearance of something which sounded interesting. For example, readers who were interested will probably have found out that Ibsen's *An Enemy of the People* has been running at the Golder's Green Hippodrome during the current week, *Ghosts* will be revived at the Prince's Theatre on 6th April, and *Brand* is due to appear at the Lyric, Hammersmith on 8th April.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Externs' Room

SIR,—I hope you will see to it that Mr. Layton's threat of vandalism in the externs' room shall not take place. Although all the panels are not in the best taste, more than one are fine pieces of wood carving and should be preserved.

An extern colleague of mine, about 1911, and now a famous surgeon, produced an excellent work entitled "Does your Mother know you're out ?" depicting the termination of a happy event. Happy thought ! Perhaps an Expert Committee might be set up to decide on those panels to be retained and those to be consumed by fire.

Yours etc.,

N. GARRARD.

Martello Firs,
Martello Road,
Canford Cliffs, Bournemouth.

Art Society Lecture

SIR,—May I draw the attention of your readers to the visit of a particularly distinguished and interesting lecturer to Guy's ? On Thursday, 9th April, at 5.0 p.m., at a meeting of the Guy's Art Society, Sir John Summerson will give an illustrated lecture entitled "Inigo Jones and Covent Garden."

Sir John is Curator of Sir John Soane's Museum, a lecturer and writer on the history of architecture and Slade Professor of Fine Art at Oxford. He works for the Fine Arts Commission, and the Arts Council, and is an outstanding Chairman of the B.B.C. programme "The Critics". Among his writings are the volume "Architecture in Britain from 1530 to 1830" in the Pelican history of Art series, various biographical works and the essay for the Penguin "Ben Nicholson".

It is regretted that Sir John could not lecture during term-time, nevertheless the Physics Theatre which holds well over a hundred has been borrowed for the occasion, and all who are connected with Guy's will be most welcome.

Yours etc.,

CHRISTOPHER MALLINSON,
Hon. Sec., Guy's Art Society.

Guy's Hospital, S.E.1.

The Music Club

SIR,—Owing to insufficient rehearsal time it has been decided to postpone the performance of "The Gondoliers" until May. We hope we have not caused your readers any inconvenience by changing the date at such short notice.

Yours etc.,

M. A. McL. BAILEY,
Hon. Secretary of the Music Club.

Guy's Hospital, S.E.1.

We regret that many letters have had to be held over—EDITOR.

ADDRESS OF FAREWELL

Dr. Keith Simpson has shown us a letter addressed thus :

Guts Hospital Museum,
St. Thomas's Street,
London, S.E.1.

SPORT

RUGBY

Before reporting on the game between Guy's and London Welsh, I feel that it would not be out of place to say something about the Guy's 1st XV and to account for Guy's poor record this season. It need hardly be stressed that this has been a bad season for Guy's Rugby, and one does not have to look far to find the reason. No less than seven of the regular players are freshers who have come straight from school Rugby into first class club rugby. In the majority of cases they are several years younger and, therefore, less experienced, less confident, and without the physical stamina of their opposing number. Indeed the question has been asked should the demoralising effect of these factors, and the resulting heavy losses be allowed to continue by playing such strong fixtures ? How can this problem be surmounted ? It seems a great shame that we cannot call on more players from Oxford and Cambridge, unlike certain other London teaching Hospitals. It seems even more incredible that only ninety students at Guy's play Rugby at all. However, this matter lies in the hands of higher authorities. It would seem that University life at Guy's, which should have many facets of interest is being subjugated by an all consuming desire to obtain a Degree, leaving little room for anything else. Yet the name of Guy's still counts for something in the Rugby world, as I found out at a Rugby meeting recently. How long this tradition, of which I trust some people are proud, can continue I would not like to say.

To return to the Guy's side. During the last three games, Guy's have shown an improvement in form. The reversal of the half-backs has played a great part in this, for the half-back combination is the pivot around which the team's ability to out-manoeuvre the opposition revolves. In addition a number of young players have been tried, and have proved their worth. All they need is that extra experience and confidence. Little need be said of the older members who have shown themselves to be a solid and dependable core. J.B.S.

Guy's v. Exeter

At Exeter 28th February, 1959

Result—Won 14-8

In excellent conditions, the Hospital team combined well and deservedly beat Exeter by a goal, two penalty goals and a try, to a goal and a penalty goal.

The attack changed hands continually from the start, but good covering by both sides prevented more than one score a piece in the first half. Guy's three-quarters showed a greater determination to run for the line than in previous matches and Hackett, Wright and Nicholas made some good breaks. Exeter initiated the scoring from a blind side move on the Hospital's 25 yard line. Their try was converted. Both sets of half-backs then proceeded to play to the touchline and the forward play became scrappy. From a maul just in from touch on the Exeter 10 yard line Boyd slipped a blind-side pass to Biggs, who had a clear run to touch down in the corner. The kick failed.

Half-time : Guy's 3—Exeter 5.

Throughout the second half, the Hospital forwards played more as a pack and gained a large share of the ball in both tight and loose. Early on, in this half, a penalty goal kicked from the half-way line by Myall, put Guy's in the lead. Another penalty goal soon after by Exeter, changed the position, but a further successful penalty kick by Myall re-established the lead in Guy's favour. The Hospital's three-quarters attacked the Exeter line strongly, but the dogged defence of the home side kept them out. Later, Guy's pack just failed to get the touch-down in an attempt at a push-over try, but from another set scrum close to the Exeter line, the ball went out to Hackett, who made a half break and put Wright through to score. Myall converted. Exeter tried hard to reduce the arrears, but were kept at bay by the firm tackling of the whole Guy's team.

Team: R. Myall; C. Evans, W. Hackett, C. J. Wright, D. A. Biggs; J. Nicholas, N. F. Boyd; R. W. May, W. M. Patterson, A. C. Knight, B. Blackwell, P. W. R. Harris, D. A. Lloyd-Edwards, A. P. Buirski (capt.), I. Chisholm. K.J.C.

Guy's v. London Welsh

At H.O.P. 7th March, 1959

Result—Lost 0-9

Guy's were once again faced with a tough proposition for the London Welsh fielded a side which included three Internationals, and the majority of their players were of County standard. In addition the Guy's side had had to be revised due to injury and illness. Wing-forward Bryant played at full-back, replacing Myall who was injured the previous week. Egwuatu also injured was replaced by J. C. Thomas who three weeks ago was playing for the 'B' XV. Baker came into the wing-forward position having just recovered from injury, and Leyshon replaced Hawley.

Guy's kicked off. It was soon obvious that the ground was very slippery and likely to impede open play. Both sides took some time to settle down and after some very scrappy mid-field play the Welsh were awarded a penalty on the Guy's twenty-five five yards in from touch. However the kick failed. The Welsh continued to keep Guy's in their half and a good three-quarter movement was stopped when Bryant crashed tackled the Welsh left wing, leaving him a limp mass on the ground. He recovered, however. From the ensuing penalty Buirski found a good touch. The Welsh were soon pressing again, and another penalty was awarded on the Guy's twenty-five, ten yards from touch following a scrum infringement. Perhaps it was worth it for the Welsh hooker appeared to be limping badly after this. Guy's then retaliated, and kept the Welsh in their own half, but once again they conceded a penalty. This time it appeared to be to their advantage for from the short kick the passing of the Welsh threequarters broke down and a despairing kick was well gathered by Biggs who unfortunately could not link up with the other three-quarters. It became evident that the Guy's pack were getting on top. In the line-outs Harris and Blackwell were in command. In the tight scrummages they were using the wheel to good advantage, while in the loose every forward was playing well. The back row were giving the Welsh fly-half an unsettled existence. However, the Welsh, mainly through the efforts of their International back row, and helped by a number of knock-ons penetrated the Guy's half, and were unlucky when a dropped-kick just failed. Once again the Welsh obtained a penalty in the same position, and once again the kick failed. For the remainder of the first half the Welsh looked dangerous, but poor co-ordination and tight marking by the Guy's backs prevented a score. In the second half the Welsh were soon pressing, and a dangerous three-quarter movement was stopped by good covering by Buirsk who tackled the Welsh outside centre, gathere

the ball and found a good touch. However, the Welsh gained the lost ground, and this time a drop at goal was successful.

Play remained even until a break through from a line-out by the Welsh back row, and a good dribble resulted in a try, which was not converted. Undaunted, however, Guy's pressed their opponents and some determined running by Wright and Leyshon failed in a score when Leyshon was tripped up. Both sides produced some good movements, and determined covering by J. C. Thomas prevented a touch down. The final Welsh score came in exactly the same manner as the previous try.

An enjoyable game to watch, with the Guy's side proving themselves to be no mean opposition against one of the stronger London Clubs.

Team: J. D. Bryant; J. C. Thomas, J. Leyshon, C. J. Wright, D. Biggs; J. D. Nicholas, N. Boyd; A. C. Knight, W. M. Patterson, R. W. May, B. Blackwell, P. W. Harris, A. Lloyd-Edwards, A. P. Buirski, I. Baker.

CROSS COUNTRY

Match v. Westminster Hospital

At Cobham 25th February, 1959

Result :

1. Guy's 10.
2. Westminster Hospital 26.

Guy's went off to a fast start and our superior training immediately proved too much for the Westminster. In less than a mile from the start we occupied the first four places which we held for the remainder of the match. Davis, Moore and Parratt ran particularly well and would have run faster had they not stayed back in order to keep in hailing distance of the first Westminster man—our sole pathfinder.

HOCKEY

1st XI Results in February.

Guy's v. Westminster Bank	Lost 1-4.
Guy's v. Walton-on-Thames	Lost 1-2.
Guy's v. Sevenoaks	Lost 0-2.

Senior Cup Semi-Final

Guy's v. St. Thomas's Hospital

At H.O.P. 5th March, 1959

Result—*Lost* 0-5

Only one more fixture remains to complete the season before we go down to the Annual Hockey Festival at Folkestone. With experience gained from the past year it was a disappointment, therefore, not to play better hockey against St. Thomas's in the Cup Semi-Final.

St. Thomas's with a full side out set the pace from the start and rarely looked like being shaken. Play was centred in the mid-field for the first twenty minutes of the game and then after a goal was scored the Guy's team started to slide almost reaching despair at the end.

However, with no disgrace attached to losing to the better side we can learn three essential parts of the game, in all of which St. Thomas's were far the better exponents. Firstly, the importance of backs and especially halves marking the right men; secondly, the necessity for the forwards to swing the ball across the pitch and finally, the side that wins must have the wholehearted efforts of every member of the team.

Team: A. R. Daryabegui; D. A. Wright, J. A. Dyde; R. C. Lallemand (capt.), M. E. Conybeare, J. Sedgwick; A. W. McKenzie, M. W. Blake, P. Liddiard, R. Strickland, M. Steyn.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

1ST MARCH, 1959

Assistant House Surgeons

To :

Mr. Blackburn — Mr. J. S. Cameron
Appointed for 6 months the first 3 as A.H.S.

Mr. Lawrie — Mr. M. F. H. Bush
3 months

Mr. Glover — Mr. S. Nurick

Mr. Brain — Miss J. M. Kubale
Appointed for 6 months the first 3 as A.H.S.

Assistant House Physicians

To :

Dr. Douthwaite and Dr. Hardwick } Mr. K. I. Mackenzie

Dr. Boland, Dr. Baker and Dr. Houston } Mr. J. C. Bull

Dr. Hampson and Dr. Kauntze } Mr. R. B. Huddy

Dr. Mann, Dr. MacLean and Dr. Bishop } Mr. J. G. Holmes-Smith

Appointed for 6 months the first 3 as A.H.P.

Casualty Officers

Mr. R. C. L. Feneley, Mr. R. G. Hornung, Mr. H. Hunt, Mr. M. J. S. Langman, Mr. I. S. Muir } 3 months

House Surgeons

To :

Mr. Massie — Mr. W. D. Callum
6 months

Mr. Eckhoff — Mrs. G. Strube
3 months

Mr. Atkins — Mr. D. J. Richards
6 months

Mr. Wass — Mr. J. G. Wright
3 months

House Physicians

To :

Dr. Douthwaite and Dr. Hardwick } Mr. L. Kwasny
6 months

Dr. Boland, Dr. Baker and Dr. Houston } Mr. G. M. Davies
6 months

Dr. Hampson and Dr. Kauntze } Mr. J. F. R. Adams
3 months

Dr. Mann, Dr. MacLean and Dr. Bishop } Miss J. L. McNair
3 months

Resident Obstetricians

1.11.58—30. 4.59 Miss R. M. Harrison-Bloom
1. 1.59—30. 6.59 Mr. D. G. Yetman
1. 3.59—31. 8.59—Mr. R. J. Read
1. 5.59—31.10.59 Mr. A. J. Taylor

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital

Mr. A. Gooding — Mr. B. W. Maitland
3 months

Throat and Ear and Ophthalmic House Surgeon

Mr. B. N. C. Kempton
3 months at Guy's followed by 3 months at New Cross
Mr. S. Spragge
3 months New Cross

Dermatological House Physician
Mr. A. H. Sears 6 *months from* 25.1.59

Genito-Urinary House Surgeon
Mr. J. R. Allan 3 *months*

Neurological House Physician
Mr. A. Bowyer 6 *months*

House Surgeon to the Thoracic Unit
Mr. K. Kitiyakara 3 *months*

Children's House Physicians
Mr. J. S. G. Hayes 3 *months*
Mr. J. N. Powell 6 *months*

Children's House Surgeon at the Evelina Hospital
Mr. R. T. Hawley 3 *months*

House Physicians to the Department of Experimental Medicine and Resident Junior Clinical Pathologists
Mr. M. P. Wilderspin 3 *months*
Mr. D. J. Smith 6 *months*

R.M.Os. Nuffield House
1.12.58—31.5.59 Mr. J. A. P. Trafford
1. 1.59—30.6.59 Mr. M. C. Shannon

House Physicians in the York Clinic (S.H.Os.)
1.4.59—30.9.59 Mr. M. H. de Groot
1.4.59—30.9.59 Mr. B. M. Groden

Resident Anaesthetists
1.12.58—31.5.59 Mr. D. S. Robertson
1. 3.59—31.8.59 Mr. B. R. P. Murray (S.H.O.)
1. 3.59—31.8.59 Mr. S. R. Williams
1.12.58—31.5.59 Mr. E. Phillips (S.H.O. New Cross)

NEW CROSS HOSPITAL

House Physician (S.H.O.)
Mr. J. D. Ellis

House Surgeon
Mr. R. Marks

ORPINGTON HOSPITAL

General Duties House Surgeon with Orthopaedics
Mr. J. Farmer

General Duties House Surgeon with Gynaecology
Mr. J. T. Outred

PEMBURY HOSPITAL

House Surgeon
Mr. M. Colebrook

Orthopaedic House Surgeon
Mr. J. Dodd

QUEEN MARY'S HOSPITAL, SIDCUP

House Physician
Mr. A. B. Hewitt

ST. JOHN'S HOSPITAL, LEWISHAM

House Surgeon
Mr. H. J. Missen

GUY'S HOSPITAL MEDICAL SCHOOL

The Charles Forster Prize in Cardiology

February, 1959

The following award has been made:
D. R. Harvey—Prize

NURSING NEWS

Entered:
S/N G. Read to *Nuffield C.*
S/N J. Jarvis to *Lydia.*

Left:
Sister F. Curtis from *Night Duty.*
Sister U. Thomas from *Theatres.*
Sister A. Fraser from *New Cross Theatres.*

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d. 3 lines 7s. 6d. Box Numbers 6d. extra.
Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

SRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

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Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1

CHANGES OF ADDRESS

Miss B. A. Blewitt, S.R.N. (Assist. Matron), St. John's Ophthalmic Hospital, Jerusalem, Jordan.

J. W. Lewis, M.B., B.S., F.F.A.R.C.S., "Green Bushes", 97, Wise Lane, Mill Hill, N.W.7. (Mill Hill 1434).

John Taylor, B.A., B.M., B.Ch., Kingsdown, Millbrook, Jersey.

H. Windsley, M.D. (U.S.A.), M.B., B.S., 59, Wimpole Street, W.1. (Welbeck 0204).

BIRTHS

BATCHELOR.—On 8th February, 1959, at Nuffield House, to Moira Lane (née McLellan, M.B., B.S.), wife of Richard Batchelor, M.B., B.Chir., a sister for Andrew.

BIDDLE.—On 23rd February, 1959, at Ipswich, to Pamella, wife of Anthony Biddle, M.B., B.S., a daughter (Joanna).

HOUGHTON.—On 26th February, 1959, at Guy's Hospital, to Verna (née Firth, M.B., B.S., D.Obst.,R.C.O.G.), and David Houghton, M.Sc., a son (Nicholas John) brother for Andrew.

NEVILLE.—On 2nd March, 1959, at Queen Charlottes Hospital, to Ruth (née Wood), and Richard Neville, M.R.C.S., a son (Stephen), a brother for Susan.

SKINNER.—On 27th February, 1959, at Oak Lodge, Hildenborough, Kent, to Barbara, wife of Peter Skinner, B.M., B.Ch., D.R.C.O.G., a third son (Quentin David).

WILSON.—On 17th February, 1959, to Shirley and Terence Wilson, L.D.S., a daughter, Deirdre Ann.

MARRIAGE

LEWIS—MARSH.—On 22nd September, 1958, at Bournemouth, Joseph Walter Lewis, M.B., B.S., F.F.A.R.C.S., to Patricia March, S.R.N.

DEATHS

BATES.—On 20th February, 1959, at Henley-on-Thames, Joah Lyon Bates, M.R.C.P.

CARSON.—On 27th January, 1959, at Lydney, Glos., Charles Oliver Carson, M.R.C.S.

PUGH-JONES.—On 17th January, 1959, Elwyn Pugh Jones, L.M.S.S.A., of 1, Montrose Avenue, Whitton, Twickenham, age 50 years.

IN MEMORIAM

STEBBING.—John Garvin Stebbing, M.B., B.S. In loving memory on his birthday, 12th March.

EDS. {J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1844 28*th March* 1959 *One Shilling*

PASSIM

The brilliant smell of water,
The brave smell of a stone.
G. K. CHESTERTON.

EDITORS traditionally have "a nose for a story", and the phrase occasionally becomes literally true. Shamefaced, we have all padded *Passim* with the scent of the "flowers that bloom in the Spring (ahem), tra-la". An illustrious predecessor employed the "editorial rhinencephalon" to great effect when he observed the *smell at the gate**, thus stimulating three students to write a public health paper on it, and men with picks to mend the guilty gas main. We had almost dubbed Mr. Chesterton "nosopoetic", but the dictionary defines this attribute as "imparting or producing disease", rather than the expected "rhapsodizing about the nose." Still, this brings smells even further within the *Gazette's* terms of reference—is not *nosos* (νοσος) the Greek for disease ? We all, need it be said, routinely test the first nerve in all patients, and restrain ourselves from recording that "the patient smells normally". Those bottles in *Ruth*, labelled "peppermint", "wintergreen", and "lavender" afford pleasant distraction during a long round, though we spurn "camphor". When the patients' lunch makes its aromatic arrival at midday, the neurological firm at least would gladly sever their own olfactory filaments, since their gastric mucosa has sadly deteriorated under the reflex secretion of acid, by the time they have their lunch at two o'clock.

The Hospital smells, however, are scarcely journalistic material. The flowers in the Park are overworked, the kitchen and ward smells better ignored. A walk round Bermondsey may help. The myriad "pubs", from the *World Turned Upside Down* to the *Valentine and Orson*, will offer consolation if no other smell presents itself—did not Pope write that

". . . . the goblet, crowned,
Breathed aromatic fragrancies around." ?

But here are smells in plenty. The indefinable smell of the river is everywhere, with seasonal overtones of smog, alas. The heavy smell of crated fruit recalls *Lydia*, with its Covent Garden décor at Christmas. In Weston Street one strains to identify an exotic, spicy, wafting—ah ! cinnamon, of course. Hard on its heels is the terrible cloying tang of tanned hides. Paint dries; the small boy mends his

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aeroplane on his doorstep with balsa cement. Bubbling tar—a smell of addiction, this, well worth the inhaled carcinogens. In Tower Bridge Road, a salty, savoury smell comes from a shop selling "saveloys, faggots, pease pud., stewed eels." We retire, shaken, for supper. Still no subject for *Passim*, so back to the *Gazette* office after dark. Night baking in Long Lane, roasting coffee in Bermondsey Street—heavenly smells. And by the church of St. Mary Magdalen, flowers spring. In the heat of summer the air between Long Lane and Tooley Street is heady with their scent, but not yet. Then, one blesses the Beautification committee of Bermondsey Borough Council, (yes, they really have one). No diagnoses established, no criminals apprehended, no story unearthed; just a pleasant series of smells. A nose for news ? We wish you a happy and uneventful Easter, and will report on the flowers in the Park in our next issue.

We warmly congratulate Dr. George Scott upon his appointment as Clinical Tutor, a post in which he follows a distinguished line of Guy's physicians.

We cannot allow the retirement of Dr. Alan Angus to pass without a tribute. Appointed Records Officer to the Hospital in December, 1947, he has ensured that the unwieldy mass of patients' notes which accumulates daily, is converted into useful and readily available material for reference or research. He introduced the uniform size for all in- and out-patient notes which has produced order out of relative chaos, and he has evolved a method of indexing which is among the best in the country. In wishing Dr. Angus a happy and fruitful retirement, we welcome as his successor Col. G. S. Caithness, M.B. We are sure that a happy omen is to be found in this agreeable succession of gentlemen who bear the names of Scottish shires !

We welcome the return of Dr. W. D. Hayley to the staff as Medical Registrar.

We remind readers that applications must be received by 21st April, for the Residents' Ball at the Park Lane Hotel, on Friday, 1st May. After the reception at 8 p.m. dinner will be served, and dancing will then continue until 2 a.m. Applications for double tickets (at £3 10*s*. 0*d*.), should be addressed to the Ball Secretary at the College, Guy's Hospital, S.E.1.

We congratulate Dr. Ian Jessiman, a recent Resident, on the plaudits gained by his article on "The Piscina in the English Mediaeval Church". Appearing in last year's British Archaeological Association Journal, it was awarded the prize and bronze medal for the best work of the year in British archaeological circles.

Congratulations to the Guy's Boxing Club, who have again retained the United Hospitals' Boxing Championships. Congratulations also to the Guy's "A" XV, who have won the Inter-Hospitals' Junior Cup by beating the London Hospital, 13 points to 9, in the final. These deeds will be reported in the next issue of the *Gazette*.

The London University Golf tour of Scotland was a distinct success, with three matches lost only by the odd point, and one resounding victory. Presiding over the team of eight, of whom four were Guy's men, was that stalwart of Guy's and London Golf, Mr. Nils Eckhoff, President of the University Golf Club.

A recurrent and heart-warming scene at Guy's is the chance meeting between a patient and the nurse or student who "looked after" him or her during a previous admission. Most students and nurses are very eager to keep in touch with their patients if they are re-admitted, for to their professional relationship is often added a warm and genuine friendship, during days or weeks of frequent contact. Too often, though, one hears that a nurse or a student has been unable to visit a former patient who has been readmitted, to their mutual disappointment. This is usually because he or she has moved to a different department and is unaware of the patient's presence in Guy's until he has been discharged. Since admissions each day amount only to two or three dozen, could not a list of admissions be posted in the Colonnade every day ? A regular glance at the list of names would then allow more students and nurses to find their former protégés on their second and subsequent admissions. If the patients' privacy were thought to be threatened, then notices could be posted instead in the College and the Nurses' Home. If the list were limited to the patient's name and ward, it should not be a major labour. There is the additional point that students and nurses might more fully appreciate the long-term prognosis of some of the patients they meet in the wards.

A lady visitor to London from "foreign parts" was recently inspecting Guy's, which she had been told was a major place of interest in South-East London. A Guy's lady who was accosted by the wide-eyed visitor made every effort to do the Hospital justice, but was defeated when she showed her the arch of old London Bridge in Guy's House, to be met with the crushing reply "Oh—when was the river diverted ? "

A St. Christopher's resident went "one-up" recently when in a play on television, based on a hospital plot, an X-ray of a leg was held up to the light for a brief glimpse by the cameras. His spot diagnosis of osteogenic sarcoma was contested by his colleagues, but was quickly confirmed by the screen surgeon. Teaching by television is evidently not as remote as we had thought.

GUY'S DIARY

APRIL			Exhibition. Department of Surgery. *Burns.*
3rd	F	1.00	Dr. K. S. MacLean. Clinical Lecture.
4th	S		Rugby. 1st XV *v.* Old Merchant Taylors (Croxley Green).
6th	M	1.00	Mr. J. B. Blaikley. Clinical Lecture. *Endometriosis.*
7th	T	1.00	Dr. R. C. MacKeith. Clinical Lecture. *The Theory and Practice of Reassurance.*
9th	Th	1.00	Mr. F. N. Glover. Clinical Lecture.
10th	F	1.00	Dr. R. Kauntze. Clinical Lecture. *Palpitations.*

NOTICES

GUY'S HOSPITAL CHAPEL

Good Friday. 7 a.m. Ante Communion.
7.45 a.m. Staff Prayers.
10.45 a.m. Morning Service with the singing of the Passion.
12-3. Three-hours Service in Southwark Cathedral conducted by the Provost.
Evening Services in the Wards.

Holy Saturday. 7 a.m. Ante Communion.
7.45 a.m. Staff Prayers.
9 p.m. Evensong and Blessing of the Easter Light.

Easter Day. 5.40 a.m. onwards. Holy Communion in the Wards.
7 a.m. and 8.20 a.m. Holy Communion.
10.45 a.m. Morning Service and Address.
Evening Services in the Wards.

CHRISTMAS CARD COMPETITION

Entries are invited for a competition to design a Guy's Christmas card, in which the *Gazette* Committee will award two prizes, of ten and five guineas, for the best line or wash drawings received. Dr. W. N. Mann and Mr. J. S. Tomkinson have agreed to act as judges. Competitors are invited to bear in mind that their design should have some link with the Hospital. The closing date for entries, which should be addressed to the Editor of the *Gazette*, Guy's Hospital, S.E.1, is Friday, 1st May.

The Quodlibet Society

WEDNESDAY, 1ST APRIL

COLIN WELCH

('Peter Simple' of *The Daily Telegraph*)

"THE WAY OF THE WORLD"

This and future meetings will be held at the earlier time of 8 p.m.

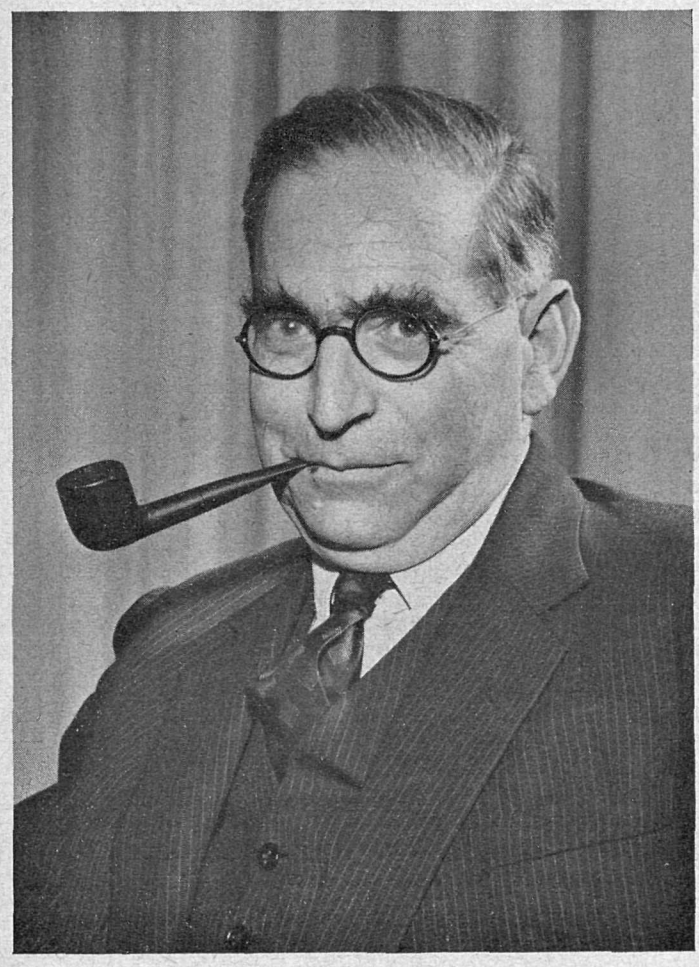
OBITER DICTA

Dr. STAFFORD-CLARK : "Personally, I don't think television is as good as the cinema".

Dr. M. J. MCARDLE : "This patient exhibits a severe degree of haematomentia."

OBITUARIES

ERNEST HERRMANN RINK, B.M., B.Ch., F.F.A.R.C.S.



The news of the death on 6th March of E. H. Rink, at the age of 54, was received with profound sorrow. He had held the appointment of Consultant Anaesthetist to Guy's Hospital since 1935.

"James" Rink, as he was universally known, entered Guy's as a clinical student in July, 1927, after previous education at Tonbridge School and Magdalen College, Oxford, where he obtained the degrees of B.M., B.Ch., in 1930. Earlier that year he had qualified M.R.C.S., L.R.C.P., and been appointed House Surgeon to the Genito-Urinary and Orthopaedic firms. He was then, in succession, Assistant House Surgeon to Mr. Ogilvie (now Sir Heneage), Out-patient Officer, and then House Physician to Dr. Ryle and Dr. Conybeare (now Sir John).

In those days it was the custom for many of the anaesthetics to be given by the House Surgeons and House Physicians and this stimulated his interest in the specialty he eventually chose to follow. The first appointment he held was a part-time one in 1933 of "Demonstrator in Anaesthesia", but the following year a new post was created, that of non-resident House Officer in anaesthetics. Rink was one of the first to hold this office, and when Sir Francis Shipway retired in November, 1935, Rink was appointed to the Consultant Staff.

In the meantime anaesthesia had developed to a stage where it merited a special qualification and he was one of the first to pass the examination for the Diploma in Anaesthetics.

Thoracic surgery was then in its infancy and it was to this part of his specialty that he devoted his main interest. Professionally he will be best remembered for the work he did during the early stages of the development of cardiac surgery at Guy's after the war. He was elected to the F.F.A.R.C.S., in 1948.

During the war he had joined the R.A.M.C., soon after its outbreak. After service in this country he went to the Middle East as a specialist anaesthetist and later became adviser in anaesthetics to the 21st Army Group in North West Europe.

James Rink had many interests. He shared with his family a passionate fondness for music and the opera. Keen on all forms of sport, he had a particular affection for tennis and cricket. He read so widely on all manner of subjects that there were few discussions in which he could not hold his own with his colleagues. Indeed he will long be remembered as the centre of many lively arguments in the Staff Common Room.

Above all he was a kind man, as the writer has very good cause to remember, from the days when he first came to Guy's as a Resident Anaesthetist immediately after the war. His shrewd insight and profound knowledge of his specialty enabled him to render advice which was second to none. Moreover his standards of professional honesty were so high that together with his ability for constructive criticism he was an invaluable member of the department who will be sadly missed and not easily replaced.

During the latter years of his life he struggled against increasing ill-health, yet even when obviously feeling far from well he was seldom downcast and would delight his many friends with those typically penetrating shafts of wit we appreciated so much.

We extend our sincere sympathy to his widow and two sons.

P.J.H.

IVOR ELWYN JOSEPH THOMAS

The death occurred on 23rd February at his home in Pembury, of I. E. J. Thomas, Consultant Gynaecological Surgeon to Pembury Hospital and Edenbridge Hospital.

Ivor Thomas qualified in 1937, and after holding house appointments at Guy's came to Pembury Hospital in 1938, his first association with the Hospital. He returned to Guy's as R.O., and in 1939 again came to Pembury with the E.M.S. Unit from Guy's. He served with the R.A.F. during the War and returned to Pembury to become Surgeon and then Consulting Gynaecologist.

Ivor Thomas was quiet, unassuming and kind, but quick to detect and oppose any form of injustice. Modest in his own demands, he was always a stalwart

supporter of the just claims of others. As a teacher and tutor he was outstanding, painstaking and meticulous in detail.

As a Surgeon and an Obstetrician he was conservative, accurate and precise, and brought to bear on each problem the wealth of knowledge acquired of deep study. To his patients he was always courteous and kind.

He was a splendid colleague, universally popular and staunch in his friendship.

He was most happily married and Ivor, Diana and "Sykes" made their attractive home, Owlsnest Wood, a haven of quietness and beauty.

In 1957 first appeared the signs of the illness which was so soon to prove fatal. In spite of the intensive treatment and major surgical procedures which were carried out, he was compelled to stop work in October, 1958, but until then he had continued his Hospital work, regardless of the discomfort and pain he suffered. Not once did he complain. Indeed, he displayed a courage and selflessness, particularly in the latter days, which were an example to us all.

His death, at the early age of 45, has taken from our midst a young Surgeon at the height of his career and a colleague universally loved and respected.

To his widow and his parents and relatives, we extend our deepest sympathy.

The Service in the Hospital Chapel on Thursday, 26th February, was attended by very many of his friends and colleagues; eloquent testimony to the affection and regard in which Ivor Thomas was held by all who knew him.

E.D.Y.G.

GUY'S HOSPITAL DENTAL SCHOOL ANNUAL CLINICAL MEETING

The Annual Clinical Meeting of Guy's Hospital Dental School was held on Saturday, 7th March, 1959, and was well attended by Guy's graduates, undergraduates and visitors.

All the departments of the Dental School helped to demonstrate latest teaching methods, recent advances in operating technique and current research projects. There can be no praise great enough for the magnificent work done by the Departments of Dental Photography and Medical Illustration. For those especially interested in oral surgery, a number of varied operations were performed in the theatres, while minor oral surgical procedures were staged in demonstration rooms. Among the demonstrations that provoked unusual interest and discussion were those on radiation hazards, laboratory tests for caries activity and the air turbine.

The pre-prandial lecture, entitled "Prosthetic Problems and their Treatment", was given by Mr. K. P. Liddelow in his own inimitable style. The post-prandial lecture, entitled "Cases referred by Practitioners," given by Professor M. A. Rushton is already an established favourite and all seats were taken twenty minutes before the lecture began.

Renewing old friendships and reminiscing over student days, amidst carbohydrate and plaster during tea in the prosthetic laboratory, completed a memorable day.

B. E. D. COOKE.

THE 1959 DENTAL DINNER

The 53rd Annual Dinner of the Guy's Hospital Dental Society was held at the Park Lane Hotel, on Saturday, 7th March, 1959. The guests were received by the President, Mr. F. S. Warner. After an excellent dinner and the loyal toasts proposed by the President, Mr. W. R. Tattersall rose to give the toast of 'Guy's Hospital and schools'. He mentioned Guy's long interest in the British Dental Association, and he was happy to inform the society that Mr. F. N. Doubleday had been made an honorary life member of the Association in recognition of his long services in teaching at Guy's. Guy's, he said, was unique in two ways ; with the famous men that it had had on its staff it had always had a great reputation, and it had also been fortunate in its administrators; in 1815 Guy's had been the only hospital in a position to comply with the Apothecaries' Act with regard to the teaching of Dental Surgery. The Hospital also founded one of the first Dental Schools, and had been unique in this enterprise also, in that the Dentists had always had parity with their medical colleagues.

Professor M. A. Rushton, replying, began by saying how greatly he regretted that Professor H. R. B. Fenn, in whose place he was speaking and who is due to retire this year, had been prevented by illness from attending the Dinner. He payed tribute to Professor Fenn as a fine teacher, a man of great commonsense, and one with an uncommon knowledge of common things; his place would be hard to fill. Professor Rushton thanked Mr. Tattersall for his witty speech and his remarks about the staff. He himself regarded Mr. Tattersall with awe, and likened him in his own mind to a lion tamer; someone who could control the Board of the B.D.A. was capable of anything. He mentioned the installation of the new call system (that Mr. Lees Read had seen on "Emergency Ward 10"?) in the Dental School, and also the appearance of several "Guy's" coffee bars; could these be a new venture of the Governors with the endowment funds ? He welcomed back Dr. D. J. Anderson, Past President, who had just returned from the U.S.A.; he had resisted the delights of Oregon to return to Guy's to give a course of Physiology that really was for dental students. Mentioning the training of Dental Hygienists, Professor Rushton remarked that the difficulties at Guy's rested on belts; all the best colours had been used up ! He had himself suggested that the costume be modelled on that worn by Lady Hamilton when she appeared as Hygeia at the Pantheon in Oxford Street. This suggestion had, he regretted, been coldly received.

Mr. W. R. Thompson proposed the toast of 'the Visitors'. He said that although he felt like a sacrifice to them he would, unlike Michael Flanders, resist the temptation to stick pins in wax models of their big ends. After a rather bewildering excursion into dental metaphor Mr. Thompson introduced the Guests, in particular congratulating Sir Douglas Logan on his recent preferment in the New Year's Honours.

Replying for the guests Professor F. C. Wilkinson said that little of the great reputation of Guy's Dental School was due to its architecture or modern equipment. The Postgraduate School of Dentistry owed a great deal to Guy's men, and he was very pleased to be able to tell the society that Professor R. V. Bradlaw had been elected to succeed him as Director at the end of this year. He thanked the society on behalf of the guests for their congenial company and for catering so well for their creature comforts.

The toast of 'the President' was proposed by Mr. R. E. Rix. He commented on the President's vigour and said that he had been a quiet student with an air of suppressed energy, and that his pronouncements had always tended to be economical and oracular. He could only conclude that 'F.S.' stood for 'full steam'.

Mr. Warner thanked Mr. Rix for using his rose-tinted spectacles. He greatly regretted Professor Fenn's enforced absence and said that he had sent a telegram to Professor Fenn, on behalf of the society, wishing him a speedy recovery. Today's students are certainly not what they were, but they were a grand crowd all the same, and he wished to pay tribute to them, and also to the committee that had organised the Dinner and Dental Ball.

The last speaker of the evening was the Honorary Secretary of the Society, Mr. C. W. Bullock, who gave a succinct and amusing account of the principal events at the meetings of the society during the past year. He thanked the Committee and the Dinner Secretary for their hard work, and expressed his gratitude to the members of the Society for their continued support.

D.N.L.

PEDAGOOGLY.—XIX

Infant feeding ? Nothing to it !
Everyone knows how to do it.
Give enough
Of the proper stuff
By the right technique.
Weigh once a week.
If that hasn't clarified the position
*Try Ev*ns and M*cKeith (3rd edition).*

SOME BOOKS AND THEIR WRITERS

In the halcyon days when a copy of the *Everyman* edition could be bought for a shilling there used sometimes to be inscribed on the fly-leaf the legend : "The true University is a collection of books." This of course is very true. Once we have passed the stage of elementary education we become increasingly dependent upon books, however learned and instructive may be the teaching of our professors and tutors. The great threat today to reading—and one does not now refer necessarily to technical books—is of course Television. There may be a consensus of opinion in a house as to what is worth while or not on Television. Someone may perhaps call out, "Give her the knob", when some "caterwauling moron" (to quote Peter Simple) is making the air vibrate with her sentimental gush, and the knob is duly turned. But there are other things which invite attention and one's excellent intentions to have a "good read" are lost in the inevitable somnolence which falls upon one after a day s work and which is further induced by gazing at T.V. Television is in fact for many people the great tranquillizer, and not religion as some distinguished doctor said the other day, and the number of people, young, middle-aged and old, who tell me that they go to sleep during T.V. gives me the greatest satisfaction, for I know then that, at a given moment, I am not alone in my slumbers.

Some people do most of their lighter reading in bed and find it the best of hypnotics. It is a practice which must go back at least as far as Chaucer's day. We remember the Clerk of Oxenford in *The Prologue* and his bedside books:

> "For him was lever have at his beddes heed
> Twenty bokes clad in blak or reed
> Of Aristotle and his philosophye,
> Than robes riche, or fithele or gay sautrye."

A true bibliophile, you see, with a good taste in choice bindings as well. Anthologies in verse or prose make the best bedside books, and, if one could encourage people who don't fall asleep easily to do a little worth-while reading before putting out the light, much of the indiscriminate drugging which goes on today wouldn't be necessary. At one time in my life when I indulged in a little reading after getting into bed, I found Pepys' Diary second to none as a somnifacient, and by the time I got to, "And so to bed" it was usually time to slip in the book mark quickly.

The general taste in literature is at a woefully low ebb, and members of the working classes of all ages up to 80 read "paper-backs", so often with lurid covers depicting blondes in evening dress and young men in "tails". When I asked a man of 30 who was reading one of these not long ago if he wouldn't perhaps find Dickens more interesting all he said was, "Grr, that stuff." In thirty odd years I have only seen one working man reading Shakespeare in bed—or anywhere else for that matter. One gets other surprises too. If you have the good fortune to live in the "best" part of the town and your neighbours' *News of the World* is delivered in mistake for your *Sunday Times*, you feel an instinctive lift of the eyebrows. "Tell me what a man reads (on a Sunday) and I'll tell you what he is." Illiteracy is rampant in spite of all the money spent on schools, and the following was culled from a *Guy's Gazette* of 1934: it was reputed to be an extract from a letter to a Pensions Office. "You say my eldest son is illiterate. This is a terrible lie, because I married his father a week before he was born." Letters which come to the surgery today from youngish women are not much, if any, better. So long as people live with their eyes glued to Television sets this kind of illiteracy will continue and grow worse. "Reading maketh a full man", said Bacon, but we want people to be full of a general education, not just of some technical subject, however important that may be. In a very interesting article which the late Professor Ryle wrote for the *Gazette* many years ago "On the Choice and Use of Books", he tells of a contemporary of his whose favourite book was Cunningham's *Anatomy* which he carried about with him everywhere and read on all occasions.

Don't we know this kind of person, and isn't he just intolerable ? No doubt he became a specialist in due course, with that weakness of some specialists of thinking they are specialists in everything. They look down their noses at you when you broach some subject to them, as much as to say, "What is this fellow talking about ?" And they never agree with you about anything. I used to think that this was rather an original observation of mine about specialists, but

what was my amazement on reading Plato's *Apology* not long ago to find that this observation was over 2,000 years old. Perhaps I may be allowed to quote the relevant passages in the *Apology*.

"It seemed clear to me that the poets were in much the same case (*i.e.*, as the politicians), and I also observed that the very fact that they were poets made them think that they had a perfect understanding of all other subjects, of which they were totally ignorant."

Further on he proceeds: "Last of all, I turned to the skilled craftsmen . . . But, gentlemen, these professional experts seemed to share the same failing which I had noticed in the poets. I mean that, on the strength of their technical proficiency, they claimed a perfect understanding of every other subject, however important."

The last war seems to have given a great stimulus to the reading of History. Perhaps as a result of Dunkirk we felt, as never before, that we were a part of Europe, and Donne was merely some three centuries ahead of his age when he said :

> "No man is an island entire of itself; everyman is a piece of the continent, a part of the Main. If a clod be washed away by the sea Europe is the less."

The recent tercentenary of the death of Cromwell produced a spate of articles, and those who are interested in the part played in History by Cromwell will no doubt have read at least three well-known books written in his defence, those by Firth and Buchan and one recently by Maurice Ashley. No doubt there are others. Having read these and Clarendon's *History of the Great Rebellion* more or less *pari passu*, one may nevertheless perhaps be forgiven for being still in accord with Clarendon's dictum that Cromwell was a "brave bad man".

It is useless on the other hand to pretend that Charles I was a model of all the virtues. He defied Parliament and his claim that kings had Divine Right was outmoded even then. The great mistake that Cromwell made was to execute him. Charles thus became a Martyr and, in the eyes of many, has worn the Martyr's crown ever since.

"Comely and calm he rides
Hard by his own Whitehall.
Only the night wind glides
No crowd nor rebels brawl

* * *

Where he rides alone
The fair and fatal King
Dark night is all his own,
That strange and solemn thing.

* * *

King, tried in fires of woe !
Men hunger for thy grace.
And through the night I go
Loving thy mournful face.

(*The Oxford Book of English Verse*)

The foibles of literary men sometime evoke mild surprise. Dr. Johnson once remarked that he could think of no greater pleasure than riding in a carriage with a pretty woman. Sainte-Beuve, no doubt plagiarising Johnson, went one better. He said he could think of nothing better than riding in a carriage *avec la femme qu'on aime* and reading Tibullus. There is no accounting for tastes of course, though France probably produced more "*femmes savantes*" at one time that did this country, especially in the seventeenth century when literary *salons*, run by distinguished women such as Madame de Sévigné, flourished. Possibly some of these ladies might have enjoyed riding in a carriage and reading Tibullus at the same time.

Speaking of Sainte-Beuve, Harold Nicholson not long ago produced an interesting volume on the life of this brilliant if somewhat wayward French critic of the mid-nineteenth century, in gratitude, he said, for all that he learned from him about French literature. His essay on "What is a Classic" answers all the questions which that problem has always posed. In his "*Causeries du Lundi*" one has a feast of good reading, both as regards matter and style and a wealth of information about distinguished French litterateurs of the past. Going further

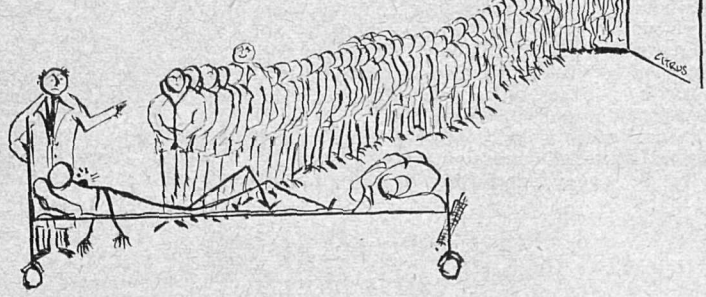
back to about the year 1620 we have the publication of that extraordinary book, *The Anatomy of Melancholy*, written by Burton, one-time Vicar of St. Mary's Church, Oxford. Dr. Johnson made the comment that it was "rather overful of quotations", as indeed it is, so much so that I wondered innocently how many of them Burton had made up himself. To have traversed this book (three volumes in the *Everyman* edition) gives me a feeling of satisfaction, somewhat, one imagines, like the feeling of content that the charioteer in the *Odes* of Horace got after having collected the Olympic dust, as Horace puts it, when racing. "*Sunt quos curriculo pulverem Olympicum collegisse juvat.*"

This sort of pleasure comes largely on retrospection; after hitting somebody for six (not necessarily Rommel) shall we say, or getting a beautiful clean drive off the tee. Another book which filled me with a somewhat similar emotion when I got to the last page was Cobbett's *Rural Rides*. Cobbett always presented himself to my imagination as a replica both in appearance and manner of the first Minister of Health under the N.H.S.; always ranting, no doubt with the best of motives, forgetful of the fact that much good is done by many people without putting a large part of the community into a turmoil.

To those who love books the temptation to ramble on discursively about them is very great. They are personal pleasures, and this reminds me of a book with just that title, *Personal Pleasures*, written many years ago by the late Rose Macauley. This book of essays is a delight to read, filled as it is with wit and erudition, and yet at her death it wasn't included amongst her various books. Partly contemporary with her was Virginia Woolf, some of whose works, such as *The Waves*, are somewhat obscure and difficult to comprehend, but deal, so one is given to understand, with the "stream of consciousness"; a literary trick, if one may call it such, which goes back to *Tristram Shandy* and is further developed by James Joyce (author of *Ulysses*), Virginia Woolf, and others. One's thoughts are rarely static and flit rapidly from one subject to another during the course of the day. *The Waves* is a book which, so it seems, attempts to depict this state of affairs in some half dozen people. To those who enjoy literary criticism, Virginia Woolf's *The Common Reader* provides a feast of intellectual pleasure, dealing as it does with well-known literary figures of the past such as Donne, Hazlitt, Jane Austin, Thomas Hardy and many others.

The worst of books is that they collect dust. They also become liable in time to the charge of cluttering up the house. No doubt Socrates not infrequently was accused of cluttering up the house with his "books" by his reputedly cross-grained wife Xantippe. One pictures him to be a careless sort of fellow, *un peu distrait*, as the French say. But then he was not in a position to quote the rather ponderous words of Milton on the subject of books.

"A good book is the precious life-blood of a master spirit embalmed and treasured upon purpose to a Life beyond Life." Nor could he take slight liberties with the text of *Henry V*, as I am going to do, and say : "If it be a sin to covet 'books,' then am I the most offending soul alive." G.L.D.



"I WOULD LIKE YOU ALL TO FEEL THIS."

"MY THREE ANGELS"

Travelling home in the train after seeing Emeric Vadasz' production of "My Three Angels", I overheard an interesting conversation between two young men and their respective girl friends or wives. I take the liberty of reproducing part of their talk verbatim :

First Young Man: "There really wasn't much to the show except for X." (X it appears was a well known anencephalic rock'n'roll singer).

Second Young Man: "Huh".

First Young Woman: "Oh I don't know, them acrobats were quite good, and clever with it."

Second Young Man: "Uh".

First Young Man: "There's nothing to it. Them acrobats is all the same whichever way you look at it."

Second Young Woman: (eagerly) "Yes, and none of them are as good as when they are on Telly."

Second Young Man: "Uh, huh."

First Young Man: "Yes, the Telly's more real like, I mean, if you see what I mean, and that."

After a few more remarks of the same nature their recent theatrical experience was abandoned as a serious topic of conversation, in favour of, if memory serves me well, the respective merits of the cha-cha, and the cha-cha-cha.

The Guy's Theatre Club need not fear, I am pleased to report, that any members of the audience who saw "My Three Angels" returned to their homes in a similarly discontented and bewildered frame of mind. Sam and Bella Spewack's adaptation of "Cuisine des Anges" is of course familiar to English theatrical and cinema audiences. It is a pleasing comedy set in the French penal colony of Cayenne, in the early part of the Century, and describes the impact of three convicts on a bourgeois French family at Christmas time. There is, it has to be admitted, a certain amount of near-sententious moralizing, mostly from one or other of the convicts when they are discussing their lot. But the general impression of the play is one of fast moving, witty and rather charming comedy.

Any production must stand or fall necessarily by the interpretation of the three central parts, and on this occasion the producer was well served by George Klauber, Mark Rake and George Read-Ward who played Alfred, Jules and Joseph respectively. And a pleasing contrast was drawn between the energy of Joseph, the romanticism and fire of Alfred, and the rather feline qualities of Jules. Felix Dulay was played by Richard Walden and it must be admitted that at times the part seemed a little beyond him, but he was well supported by Beverly Charlton as Emilie Dulay, and Hazel Setchell who took the part of Marie Louise his daughter. The odious cousin Gaston Lemare was played with suspicion and graveness by Edward Grant, whilst Martin Walker played Paul Cassagon, his indecisive and immature nephew. Of the remaining parts, Madame Parole was played by Clare More O'Farrell, and this was an unfortunate example of the kind of over-acting for which amateur companies are justly renowned. Finally, a word of praise for William Pryse-Phillips as Sub-Lieutenant Espoir. A short and unrewarding part, admittedly, but played with style. The Décor and Stage Management by Christopher Mallinson and Rodney Lewis were both elegant and efficient. It is interesting to note also that once again Anita Barltrop had her name mis-spelt in the programme.

Emeric Vadasz is to be warmly congratulated for presenting a skilful, fast-moving and above all entertaining production. It is to be hoped that the Theatre Club will be giving him further opportunities for this.

adolf.

OBITER DICTUM

SIR CHARLES SYMONDS : "If you were to ask me where the lesion is, I should retreat into the fastnesses of the basal ganglia."

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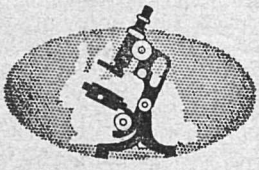

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TO THE WEST INDIES IN "THEODORA"—IV.

10th December. It was dark as we crept cautiously along the Barbados coast from South point to Needham point, round which the lights of Carlisle Bay appeared. Picking out a convenient place among the boats with the Aldis, we dropped anchor a quarter of a mile offshore, stopped the auxiliary, gave our particulars to the Police launch that appeared, cleared up and turned in, very much in two minds as to whether civilisation had anything to offer after the broad Atlantic.

We stayed several days in Carlisle Bay, working quite hard on the boat, and slipping lazily over the side when it became too hot. *Theodora* took upon herself the rôle of the genteel, awninged lady of the topics with the same relish as she fulfilled her other rôles of Pilot Cutter, Ocean Racer, and Hell-ship for Schoolboys, to name but a few. Here again we found many friends, both ashore and in other trans-Atlantic yachts. *Dayspring* arrived, and the husky crew soon broke Sean's (our bosun) arm in a scrap on shore; there were the Storm-Clarks, who had sailed five hours on and five hours off for 35 days in *Tally Ho* with two delightful little girls; Gerald Smith and his adopted Cingalese son, Stanley, of *Emonides* who had set off three years earlier from Ceylon in an Austin 7 and were on their way back by yacht. These people are really intrepid, and made our crossing seem like a luxury cruise.

Our social life is somewhat limited by shortage of money, which is being carefully husbanded against possible disasters later in the trip, so that we have only bought two or three meals ashore since the cruise began. However, Bajan hospitality more than made up for this by inviting us to parties and into households, and we had the pleasure of combining with *Dayspring* to use up some of our bonded liquor by giving a party aboard our boats for the local inhabitants, and a very enjoyable evening it turned out to be.

Barbados is an interesting island, and different from the other West Indies in that it has had unbroken British connections and influence since the 17th century. People are all shades from black to white, and the colour problem would assume very small proportions, were it not for the efforts of those who, from motives either of snobbery or their own political advancement, keep the flame alive. The Island is prosperous and self-supporting, due largely to the intensive sugar cane cultivation, but there is a curious mixture of overpopulation (the island is said to come second only to China for density of population) and lack of labour. This is because of the high birth rate, and the disinclination of the average Bajan to work harder than is necessary to keep alive.

Scattered throughout this is a sprinkling of rich and decadent people, dying slowly of sun and rum. Fortunately there is also a number of devoted business and professional people, who, with the fine police force, form the backbone of the island.

The time came when it was necessary to take on stores before making our way up to Antigua—where we were to spend Christmas—and to do this we motored into the Careenage alongside the wharf, amongst the trading schooners of Bridgetown. This proved to be a mistake, as we were constantly forced to move by the lighters from the big ships in the bay, and spent an anxious few hours while Chris and Linda coped with the shore side. The climax came just as we were moving from one berth to another, and the engine burst into flames. Chris dragged Daniel out and set to with the Deckhouse extinguisher, and I hove a line ashore and attacked through the after cabin. There was a merry blaze which succumbed to a dozen squirts of Pyrene, and it was all over in about 30 seconds. Another minute and we would probably have lost the ship.

In the vibrant dark after supper we set off for the little island of Bequia, taking as passengers Ian Gale, editor of the *Barbados Advocate* and his delightful and bouncy wife, Margaret, who is scrub nurse to Mr. Jack Leacock, Director of Surgery at the General Hospital. They were hoping to launch their 26 foot schooner that was being built there.

Fourteen hours with full mainsail and square sail carried us round the tip of the island just as dawn was breaking and later into the little landlocked bay which is the natural harbour of the island. We dropped anchor just astern of four schooners moored to the beach, and set out to explore the few square miles of delight that makes up this enchanting island.

The hills rise steep out of the harbour, which is rimmed with palm-shaded, glistening sand. The atmosphere is lush and lazy, the people are friendly and have

imbibed the atmosphere. Rum is still pretty cheap, water scarce, time irrelevant, religion fun and the birth rate astronomical. In the weeks before Christmas, rhythms, with dimly recognisable carols beneath, break out on all sides and at all hours of the day and night. The Seventh day Adventist preacher in his dark blue suit and trilby hat chants chunks of the Bible in rumba time to a ring of faces glistening in the light of the pressure lamp, just beyond the fishing boats drawn up on the shore. Even the Anglican service on the Sunday before Christmas was exalted by the gusto of the singing, and the view through the Church door; bougainvillea, blue, blue sky and the masts of the schooners beyond.

Simbie, the Gales' little schooner, is a gem. She was not quite ready then, but even though she was unorthodox, she was obviously going to be a stunner. She is a minature of the *America*, the first winner of the cup that caused so much heartache last Summer; hard chine, shallow drafted and very roomy for her size. She was up on stocks outside Goff's shack just above the beach, and formed the backcloth to a memorable party one evening. Goff is a schooner captain with a talent for marine frolics.

The Gales' rum punch is characteristically potent, and after an hour or two (I forget which) of idle chatter, wrinkling the sand with our toes to the chirp of the crickets and the hiss of the Tilley lamp, the bottom of the demijohn was almost awash and life had taken on a better and a rosier hue. The transition from land to water was scarcely perceptible and we found ourselves with Linda and Margaret on our shoulders, yelling, barging and grunting as they strove to bring about each other's downfall. One moment the grate of sand on your chest, feet firmly planted in the small of your back, dazzling whorls of phosphorescence in your eyes and a certain difficulty in breathing; the next a gasp and splutter, and the gradual emergence of the beach, sky and sea out of a chaos of sensation, as the water streams from your burning eyes. The only sane feature of the occasion was Goff, seriously trying to construct towers and pyramids in the surf out of recalcitrant human flesh.

Reluctantly, the following evening, after dark, we slid out of the little bay, accompanied by hoots and cat-calls from the splash of light that marked Goff's shack. We replied in kind and set about the serious business of threading the Windward Islands on our log line like beads on a necklace. St. Vincent, St. Lucia, Martinique, Dominica, Guadaloupe and eventually Antigua rose up one by one, straight out of the stamp album. We lazed our way up the lee of them, basking in the sun with one foot on the wheel, drinking in the splendid mountain scenery with its little towns and hutted villages; catching our breath as the Trades whisked us the odd hour or two between them.

The entrance to English Harbour, Antigua, is difficult to find, even in the daytime, and we were fated to arrive off the rugged, unlit coast after dark. Chris had never been there before, and we were very apprehensive when he ordered us to close to within fifty yards of the shore. Suddenly he said, "We go in here", and sure enough, there was the entrance, only two or three boats lengths wide. It seemed like a conjuring trick to us, but I made him explain, and it turned out to have been a remarkable exercise in coastal navigation.

English Harbour is where Nelson's old dockyard still stands, on a little promontory up a minute creek amongst the prickle covered hills. It has been extensively restored, and is now a yachting centre, visited by boats from all over the Carribean, and is almost a mecca for boats from all over the world. The place is quite unspoiled, and the yachts make a beautiful picture where once the men-o'war were crammed.

* * * * *

We had a hectic sail back from Antigua, and now I am installed for three months as a house surgeon at the General Hospital, Barbados. There were no vacancies at U.C.W.I. but for the first time in my life, I have been really wanted; presented with a delightful house for a mere pittance, and given unrivalled opportunities for surgery, that might not come my way for years in England. There are always at least three people in the ward a portion of whom the Gordon Museum might be pleased to acquire. There are certain snags; gross overcrowding (there may be seven shared beds in a ward of twenty) shortage of staff and very poor facilities. My particular set-up gives me immense pleasure, with Mr. Jack Leacock at the helm. He is a fine surgeon and a very dynamic and delightful man. A yachtsman, of course. Various criticisms are levelled at the hospital from time to time, mostly ill-informed, but I have never been happier, if that is any answer.

C.H.S.

CORRESPONDENCE

Letter to the Editor of the Gazette

The Play's the Thing ?

SIR,—The letter you published in the *Gazette* some issues ago appealing for support for the Hospital's Athletics and Cross Country produced no response. This was most disappointing, but my experience with Cross Country this season has shown that the greater majority of students are not prepared to make any effort for the benefit of Hospital sport.

In fact one of the common attitudes is to consider that a distant examination is a good "excuse" for not running. They will make no attempt to go out of their way and do both.

This attitude is naturally infuriating for all who are prepared to exert themselves and especially for those organising.

The point that seems to be forgotten is that the success of the Hospital in sport lies not so much in the work of the individual as in the work of the team. We must have a fully supported team if we are to win the Athletics this season.

Yours etc.,

J. W. S. RICKETT.

Guy's Hospital, S.E.1.

SIR,—As a former member of the Hospital 1st XV, I was seriously interested in the article on Guy's Rugby by "J.B.S." in the last *Gazette*.

One must sympathize with the hospital captain, A. P. Buirski, who has had a very difficult time in moulding a team from freshers straight out of school to play first class fixtures. We all hope the fruits of his labour will be revealed in a couple of seasons' time.

I think a partial solution of this matter lies in the hands of higher authorities, and in particular those who are responsible for interviewing and selecting prospective medical and dental students. The academician is being given a vacancy at the expense of the athlete.

Recently, I heard that a member of the winning side in last year's Public Schools Seven-a-side Rugby tournament, had been turned down following an interview for a second year vacancy as a Dental Student at Guy's, because, to him it seemed, the selection committee were not fully satisfied with the standard of a certain subject in his General Certificate of Education.

As "J.B.S." has said, the name of Guy's still counts for something in the Rugby world, but how can it last if such outstanding material is turned down ?

Yours etc.,

E. JAMES.

Avenue Villa,
Llanelly.

Dirty Walls

SIR,—From time to time for quite a long period much concern has been expressed over the chemo-therapy resistant bacteria—in particular the staphylococcus aureus—now to be found in many hospitals, and remedies are being sought.

There is little doubt that we have squandered the use of our more common anti-biotics on many trivialities and we are now paying the penalty: there is also little doubt that newer and better potions and injections will be discovered in the future, never the less, there is also something else which needs urgent attention and that is hospital cleanliness.

In keeping with modern progress, have we improved in our important 'hospital' standards or have we regressed, with the thought in the back of our minds that should the need arise, chemo-therapy would cover our deficiencies of hygiene ?

Every year it used to be the practice in Guy's to wash the walls of all wards and departments in rotation. The war years started an interruption of this good

method, and the Ministry of Health (indirectly) so we are told, finished it off. Always when gross dirt appears, the cry goes up "There is no money to clean it".

It was very pleasing and reassuring to our confidence in principles to read of a doctor the other day who had the courage of his convictions and wrote on the walls of his hospital "Dirt is dangerous". Later he was seen to be taking photographs of the dirty walls as proof positive—and the walls were cleaned. Even the walls of Jericho fell after a little perseverance.

It is as bad to accept low standards as it is to set them and if, indeed, the Ministry of Health is not prepared to supply enough staff and money to keep a higher standard of hygiene in hospitals, then the time has come for the creation of a new type of voluntary service to clean and to paint—the war showed us there are plenty of public-spirited and willing helpers left in the world—who, if they were made to see the need, would willingly co-operate.

I can see the serried ranks of work representatives gathering for an attack but they must consider this first. Either the money is available or it is not. Chemotherapy resistant bacteria can be lethal and life is precious to us all.

In these days of improved efficiency I suggest that all hospital walls should be washed at least every six months, and cubicle curtains laundered once a fortnight. There are other suggestions to be made but this will do for a start.

Yours etc.,

M. S. GRIFFITH.

Guy's Hospital, S.E.1.

The Externs' Room

SIR,—When an artist, in whatever medium, is portraying sexual intercourse, pregnancy, or its termination, the whole question of "taste" is dependent on the century, the religious beliefs and the ethnological background of the beholder. I cannot seriously believe that the present threat to the panels could be carried out. Taken as a whole they are excellent examples of primitive folk art; creative, functional, are words that spring to mind.

They obviously cannot be left to moulder in the Externs' Room in its present condition. This room must be made worthy of its adornments or the panelling transferred to the Museum, properly lighted and restored by the Tate. The possibility that this is a unique opportunity to have the whole College taken over by the National Trust must of course be considered.

Yours etc.,

DAVID PLOWMAN.

7, Harcourt House,
19A, Cavendish Square,
London, W.1.

SIR,—Who is this T. B. Layton appearing in your recent issue of the *Gazette?* No relation I am sure of my old teacher "Tubby", who would never sanction such a scurrilous letter under his name.

Tubby, a well known supporter of Guy's traditions, always outspoken, something of an artist in his own line, must be hopping mad at this proposed vandalism of old Guy's art. "Burn by fire" indeed; better renovate and preserve in the Gordon Museum.

Who wishes to entertain his maiden aunt, by a tour to view the stark realities, such as anencephelics and other monsters can at the same time show her examples of Extern Art through the ages. There is no compulsion.

Since Guy's is no longer monastic, it has become part of the world open to all. If T. B. Layton wishes to convert the whole world in to a large seminary for young ladies, I suggest that he starts further afield, say at Pompeii. In the meantime sir I feel that he should apologize to "Tubby" (whose interests were always head and neck) for the slur he has cast on such a respected reputation.

Yours etc.,

A supporter of Tubby but not T. B. Layton.

Hampshire.

SIR,—Mr. Layton's letter aroused my curiosity and I became determined to enter this Externs' Room, precincts of a then unknown quality to me. However, before passing on to the subject I cannot say that in this Hospital where gossiping and nitter-natter is rife I find it very mysterious that I have never heard tell of this display before reading Mr. Layton's letter, and yet I have surely stood at its entrance as many times as I have had "hot dinners" at Guy's, unaware of the door, let alone to where it led.

Not being of Mr. Layton's generation I am afraid that I cannot claim to know the artists of this pornographic display; alas I cannot even single out the Birth of Cain as being less pornographic than the remainder. I think Mr. Layton may have a certain nostalgia for the "little fellow with a very keen sense of humour," which has, therefore, prevented him from condemning all but this small work. Unfortunately those of us at Guy's today can only judge this display in the light of what we see.

The medical profession including its students have the intaught ability of being able to talk about sex matters in their professional work, without feeling abashed about them or even love-apple in colour; this necessarily is part of their day's work, to talk of it as a medical matter. Therefore, those who ridicule it are taking advantage of their professional qualities and are tending to make abhorrence of sex matters which have enough obstacles at the homes of Victorian parents, without the gimmicks of the lurid in addition.

Therefore, Sir, in that light I second Mr. Layton's suggestion, except that the Birth of Cain have no favours, and that the fire should be "seven times more than it was wont to be heated."

Yours etc.,

ROGER PARKER.

Guy's Hospital, S.E.1.

FLASHBACK

From the 'Guyoscope,' December, 1905.

"All lovers of allegory should enter the Externs' room to see the beautiful allegorical carving placed there by the October Externs. The biblical lesson which it teaches, will, we are sure, have a good influence on the moral tone of future firms, while the fact that it shows the antiquity of their craft, will, we feel certain, help them to put up with the trifling discomforts inseparable from their position."

REVIEWS

Oral Histopathology. By M. A. RUSHTON and B. E. D. COOKE. E. & S. Livingstone Ltd. *Price 30s.*

The 'small book' is the most difficult to write and especially when, as in this case, it is designed for both students and practitioners. This book, however, is deftly steered between the Scylla of superficiality and the Charybdis of obsessional scholarship.

The arrangement is excellent and sections and sub-sections clearly marked so that reference is easy. The photomicrographs are well reproduced and fully illustrate the text.

By omitting the clinical aspects of the conditions described the authors have produced a clear and readable book. A companion volume is now called for, dealing with the clinical point of view. One can see great advantages in two relatively small books instead of the single indigestible tome.

In this volume at least, the student will find one path made easier for him and the practitioner will discover order where previously there was chaos.

J.W.M.

Paediatrics for Nurses. By ARTHUR G. WATKINS, M.D., F.R.C.P. 2nd Edition. John Wright & Sons Ltd., Bristol, 1958. Pages 187. Illustrated, *Price* 15*s.*

The change in the general pattern of children's nursing resulting from prevention and control of disease is reflected in the revision for this, the second edition. Two new chapters have been added: one on the psychological aspects of the child's stay in hospital emphasizing the need to remember the child is a member of a family and the other on the medical agencies outside the hospital service. The book is simply and clearly written and the illustrations on the whole are good. It can be throughly recommended to student nurses for it is a very good book and short enough to be read completely.

We hope there will be a new edition because in a number of minor ways the book could be amended.

The point made on page 15 that in children "the age of the child is of vital importance" should come on page 1 at the beginning of the book and of chapter 1 which deals with The Child and the Hospital.

Under the description of the N.H.S., the Home Nurse should receive mention as well as the Health Visitor.

When the growth and development of the normal child is considered we would have preferred that attention had been given to the importance of steady growth as contrasted with the child being a particular size at a particular age and we would have liked some discussion of the concept of "the range of normal."

It is high time that the figures of Grulee and Sanford (not Sandford) were replaced by more recent English figures, for example, those of Douglas. Grulee and Sanford's figures not only are a quarter of a century old and not British, but they are suspect. For example, their mortality among breast-fed babies was 1.5 per thousand, which suggests that breast-fed babies don't die of congenital anomalies.

We would like to see a recommendation that all milk given to children under the age of 3 should be boiled with the two reasons, that contamination after pasteurisation is not uncommon and boiling makes milk more digestible.

The over-statement of the case for breast-feeding babies (pp. 21-22) will produce despair in some mothers. After all, Douglas showed that universal breast feeding would probably not affect infant mortality figures.

The ante-natal treatment of retracted nipples should mention the use of Waller's glass shells. There is a pair in the Welsh National Museum at Cardiff and even if many retracted nipples resolve during pregnancy, some don't do so without help and protractile nipples are important for establishing a good feeding pattern by the infant at his earliest efforts.

We think it doctrinaire to forbid the breast-fed baby ever to see a bottle. When breast feeding has to be stopped suddenly, it is a great boon that the baby has learnt to take a bottle, for some will starve rather than suddenly change to the bottle.

Under "dried milks" guidance should be given on when to use half-cream and when to use full-cream milk. The technique of sterilising bottles ought also to have been included.

It is not true to say that "there is no doubt" that the best results with prematures are obtained with breast milk. In Boston they are convinced that modified cow's milk is better.

Simple neonatal jaundice is surely nowadays thought to be essentially due to liver insufficiency rather than to destruction of red cells.

To give 2 mg. vitamin K every 8 hours is possibly dangerous. A total of 1 or 2 mg. is enough.

The dummy as a treatment for rumination should be mentioned. Underfeeding might well be mentioned again under digestive disorders.

Many children are upset by orange juice and so ascorbic acid as a preventive of vitamin C deficiency deserves much wider use and should be mentioned.

Is it necessary to mention the pars intermedia of the pituitary ?

For the diagnosis of thread worms, it should be made clear that the *adhesive* cellulose tape technique is the only satisfactory one. We doubt whether the bowel is unhealthy when children have thread worms for if so, 50 per cent. of school children have unhealthy bowels.

Under "Anæmia", bleeding and disorders of the bone marrow also deserve mention as causes, and to say that Hæmophilia *may be* hereditary is an understatement.

The treatment of petit mal with phenobarbitone is rightly criticised; but troxidone might be mentioned with a note that because of its toxic properties, it may be preferable to give no treatment.

Surely "Cerebral Palsy" is to be defined as a motor disorder due to damage of *the cerebrum*. Spinal cord disorders like poliomyelitis are not "cerebral palsy." Neurologists do not use the term diplegia to mean palsy of both legs; they use paraplegia and so do most pædiatricians. That 70 per cent. of Athetoids have greater or less deafness should be mentioned.

We think that encopresis, autism, delinquency, truancy, and thieving deserve a mention.

Having made so many minor criticisms, may we end by noting some among many notably good features. It is a very good idea to emphasise that negativism is a normal process; though we are inclined to think it is more often a sign of developing independence than a demand for attention.

The emphasis on the need for the mother to get to know her baby in the lying-in-ward and the section on underfeeding are excellent.

The section on refusal to eat is very good indeed.

We were glad to see that asthmatic, or stress bronchitis is given as the commonest cause of repeated chest trouble in children; it is too often assumed that this must be infective.

This is a very good book and will be very useful.

M.A.G.
R.C.McK.

Surface and Radiological Anatomy for Students and General Practitioners. 4th edition. By W. J. HAMILTON and G. SIMON. Heffer & Sons. *Price* 50*s*.

The first edition of this book appeared 20 years ago in 1938 and its popularity is indicated by the appearance of a 4th. The title of the book is symbolic of something else which in the opinion of the reviewer is not sufficiently appreciated by doctors who qualified more than 20 years ago. To the surprise of most doctors over 40 years of age who often complain of memorizing (and promptly forgetting) all the relations and branches of every artery in the body there has undoubtedly been a shift away from the teaching of the minutiæ of anatomy. This book, if it did not usher in, probably confirmed one of the main changes in the anatomy curriculum, a change which emphasized the importance of the study of the living body by means of surface and radiological anatomy.

The book itself is beautifully produced with excellent reproductions of X-ray films of every part of the body. Outstanding among these are those of the chest, gall bladder and skull (especially the ventriculograms). The illustrations for the surface anatomy are especially useful and this is particularly the case where a picture of the surface of the body is reproduced alongside a drawing of a dissection (*e.g.*, pp. 42 and 43, 46 and 47, 296, 197).

Occasionally the reviewer felt that some of the text and pictures could have been dispensed with, although one can appreciate the necessity of not isolating surface and radiological anatomy from the rest of the subject, and it is important for students to realize that these aspects of anatomy can be worked out from and must be correlated with what is learned in the dissecting room. The structure of the skin and the venous and lymphatic drainage of the surface of the body appear to be dealt with in too much detail.

It may be invidious to find fault with a book which is genuinely admired by the reviewer but he feels that the section on muscle action should be re-written and that a discussion on body types should include a reference to the "endo-, ecto- and mesomorphic" classification about which a great deal has lately been written. In addition, difficult as it may be to give an accepted description of the dermatomes of the body, the contradictions between the picture on page 12 and those on pages 96 and 334 can only lead to confusion. And even Homer nods—see the illustration on page 92.

In spite of these comments, it should be emphasized that there is no other single book which gives the student and doctor as much information about the living body as this one. It, therefore, can be warmly recommended to anyone studying or practising medicine.

J.J.

Lecture Notes on Midwifery. By T. F. REDMAN, F.R.C.S.(Edin.), M.R.C.O.G. Pp. 220. John Wright & Sons Ltd. Bristol. *Price* 12*s.* 6*d.*

This book is intended to help those who have to deliver lectures to pupil midwives and covers the syllabus in Obstetrics for Part 1 of the C.M.B. examination. It does not include lectures on Anæsthetics and Pædiatrics.

The lecture notes are of necessity dogmatic in character but on the whole they follow accepted obstetric practice in this country very well.

Apart from its value to busy lecturers who have no time to prepare their own notes, it would be a useful revision book for those pupil midwives and medical students about to sit their examinations in obstetrics.

A.S.F.B.

SPORT

RUGBY FOOTBALL

Guy's v. Nuneaton

At H.O.P. 14th March, 1959

Result—Drawn 11-11

This was a very good performance by Guy's for after being eight points down they drew level with Nuneaton when playing with only fourteen men, one of whom subsequently proved to be concussed.

There was little to choose between the sides in the first half. The Guy's pack stood up to the rugged play of the Nuneaton forwards well, and were quick to follow up the loose ball. First chance of a score came when Nuneaton were penalised for off-side, but Pagliero was wide with the kick at goal. Shortly afterwards Nuneaton were awarded a penalty, in not too difficult a position, but this kick was also unsuccessful. Good covering by Buirski prevented a Nuneaton score when he came across to tackle the visitors' right wing. Boyd and Nicholas were combining very well, and the latter's touch kicking was gaining a lot of ground for Guy's.

Nuneaton took the lead, rather against the run of play, when the left wing picked up the ball after Guy's had failed to get it into touch from a loose maul following a lineout. He ran in unopposed and touched down in the corner. The kick at goal failed.

In the second half Guy's soon drew level. After continuous pressure on the Nuneaton line, the ball came back to Nicholas and he dropped a splendid goal from the 25, almost half way out.

Then Guy's received a severe set-back. Nicholas had a kick charged down, the ball was gathered by the opposition, and their centre forced his way over the line for a try, later converted. In attempting to prevent the score, Buirski received a hefty kick on the head that had the effect of knocking him unconscious. He was carried off, not to return. When Nuneaton added to their score with an unconverted try things looked black for Guy's.

Nicholas took a bang on the head that compelled him to move to the wing, Leyshon moving up to outside-half. Handicapped as they were by these unfortunate injuries, Guy's showed no signs of dejection, and indeed produced their most spirited rugby of the match. Harris was prominent with a couple of solo runs, and Knight and Blackwell were always well to the fore in the loose.

Guy's fight back began when Leyshon picked up a loose ball about thirty yards out. He made for the line at top speed, drawing the full-back out before lobbing a beautifully timed inside pass to Wright who scored near the posts, Pagliero converted, and just before the final whistle earned Guy's a draw by kicking a penalty from about 35 yards.

Final score: Guy's 11, Nuneaton 11.

Team: K. M. Pagliero; J. C. Thomas, J. Leyshon, C. J. Wright, V. Egwuatu; J. D. Nicholas, N. F. Boyd; A. C. Knight, W. M. Patterson, R. W. May, B. Blackwell, P. W. Harris, A. Lloyd-Edwards, A. P. Buirski (*capt.*), I. Baker.

Guy's v. Gloucester

At Gloucester 21st March, 1959

Result—Lost 14-11.

After a thrilling game with never a dull moment, Gloucester gained victory with a try scored in the last minute. Guy's played with spirit and confidence but marred their display with some weak tackling that allowed Gloucester to score two of their tries in the first half. Patterson did well to gain his share of the set scrums for throughout the game he had to contend with his opponent striking early, an offence that the referee allowed to pass unpenalized.

Harris and Lloyd-Edwards got the majority of lines-out for Guy's and with Blackwell and the rest of the pack did some solid work in the loose. Boyd and Hackett combined well, but behind the scrum honours went to Leyshon who is now recapturing some of his previous form.

Guy's took an early lead when Leyshon picked up a loose ball outside the Gloucester twenty-five. With Egwuatu in close support he streaked for the line and touched down wide out. The try was not converted. Gloucester fought back, however, and within half an hour had scored three tries. The first of these came from the right wing whose great pace allowed him to score in the corner. The second try resulted from an interpassing movement amongst the Gloucester forwards that started well inside their own half. Poor tackling allowed play to come up to the Guy's line where a forward forced his way over. The Gloucester lead was increased by Patterson, a very strong running centre, who jinked his way over close to the posts. This last try was converted.

Although they had fared badly in this period, Guy's at no time looked outplayed, and before half time reduced their opponents' lead with a beautiful try from Leyshon. The centre got a hand to a Gloucester pass, brought the ball under control and made off towards the Gloucester line with the full back to beat. A well controlled kick over the full-back's head left the ball over the line for Leyshon to come up and touch down. Pagliero converted, and shortly afterwards the whistle went for half-time.

Guy's started off the second half strongly, and soon drew level with Gloucester when Pagliero kicked a penalty from the twenty-five. Now Gloucester stormed the Guy's line, but some plucky defence kept them out. Guy's were forced to minor some four times in as many minutes. Things warmed up in the loose, and there were some interesting exchanges.

The Gloucester offensive was punctuated by Guy's raids, often dangerous looking, but just before the final whistle the home team got their winning try when a forward crashed over near the corner flag.

Result: Gloucester 14, Guy's 11.

Team: K. M. Pagliero; V. E. Egwuatu, J. Leyshon, C. J. Wright, D. Biggs; G. W. Hackett, N. F. Boyd; A. C. Knight, W. M. Patterson, R. W. May, B. Blackwell (capt.), P. W. R. Harris, I. Baker, D. R. Lloyd-Edwards, C. Evans.

HOCKEY

Guy's v. Tonbridge

At Tonbridge 7th March, 1959

Result—Won 2-1

Played on a pitch which had withstood much rain and was like a mud-bath, this was none-theless a very enjoyable game in which Guy's almost regained their early season form. The halves and backs combined well with the forwards in the first half and Guy's must have had several goals but for weak shooting.

Half-time saw the score at one goal each, and in the second half Tonbridge gradually built up the pressure. Guy's was forced on to the defensive by good cross passing between the Tonbridge halves and wings, a feature now notably lacking in the Guy's attacks. As opposition thrusts became more persistent the Guy's defence seemed to reach near-panic, and clearing became very hasty, and misdirected. In fact Tonbridge peppered the Guy's goal for some fifteen minutes, many brilliant saves being made by backs and goalkeeper. During this time it was good to see the inside forwards well back within their own 'twenty five' to pick up hasty clearances. One was beginning to think that this charmed existence could not last much longer when Guy's resumed the attack quite suddenly.

It was rather disquietening to see a defence which has withstood many better attacks panic under such circumstances. Marking and covering are cardinal points to be remembered, and here Smallshaw was a shining example that afternoon. But besides this, unless the forwards are given a reasonable service, with plenty of room to move, they cannot do their share. And if the forwards are to achieve their ultimate goal they must not be persistently blown up for offside.

In the end Guy's managed to sit on a 2-1 lead and were rather lucky winners.

Team: A. Daryabegui Guiliani; D. A. Wright, R. C. Lallemand; J. K. Smallshaw, M. E. Conybeare, J. Sedgwick; A. W. McKenzie, M. W. Blake, P. Liddiard, R. J. Strickland, M. Steyn.

Guy's v. Tunbridge Wells

At H.O.P. 14th March, 1959

Result—Won 1-0

JUNIOR CUP FINAL

Guy's v. St. Thomas's Hospital

At H.O.P. 18th March, 1959

Result—Won 3-1

The game was played on a dull, cold, overcast day but the pitch was in excellent condition.

From the bully-off the ball travelled rapidly towards the St. Thomas's goal. Green shot from the back of the circle, the ball rebounded from the feet of a defender and was cracked into goal by Green who was still following up. Thus Guy's gained a strong psychological advantage within the first minute of the game. For the next fifteen minutes the play was mainly confined to the Guy's half of the field but St. Thomas's were unable to make use of their opportunities.

Guy's then broke away and the ball was carried by the forwards to the St. Thomas's circle where Green again scored, shooting from knee height.

The Guy's play during the latter part of the first half was poor and they were lucky that during this time St. Thomas's only scored one goal. The forwards in particular seemed to be tiring rapidly and the passing was very poor. After half-time however, Guy's seemed to get their "second wind". The whole standard of the game improved and the passes found their man much more frequently. The third and final goal came from a penalty corner. The corner was taken by Lewis, stopped by Pickering and Green made no mistake in putting the ball into the back of the St. Thomas's goal.

During the remainder of the game play was mainly in St. Thomas's half and Cader was unlucky not to score when his shot rebounded from the post. Shortly after this St. Thomas's goal-keeper lay on the ball. The penalty bully was taken by Cader but the ball ran over the goal line.

Thus after an absence of three years the Junior Cup returns to Guy's.

Team: S. Patient; P. M. J. Tombleson, G. D. Hodgson; M. O. Rake, F. F. Djabanor, J. K. Smallshaw; R. Lewis, D. Pickering, C. Green (capt.), R. A. Forster, M. Z. A. Cader.

The successful Junior Cup team will be taking part in the Easter Hockey Festival at Paignton, masquerading under the name of the "Spirochaetes", while the 1st XV will again be attending the Folkestone Festival.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered Dental Practitioners for the appointment of **part-time Demonstrator in Special Anatomy and Histology** to commence duties on 1st October, 1959.

Forms of application are obtainable from the Dean, Guy's Hospital Debtal School, London, S.E.1, to whom applications should be sent not later than **Wednesday, 6th May, 1959.**

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on 1st October, 1959 :

Department of Conservative Dental Surgery
Part-time Registrars to attend on 6, 3 or 2 sessions per week.

Department of Dental Prosthetics
Part-time Registrars to attend on 5 or 3 sessions per week.

Dental Department for Children
Part-time Registrars to attend on 6 or 3 sessions per week.
Orthodontic Assistants to attend on 6 or 3 sessions per week.

Assistants to the Visiting Dental Surgeons
Part-time Registrars to attend on 6 or 5 sessions per week.

Department of Preventive Dentistry
Part-time Registrars to attend on 5 or 3 sessions per week.

Casualty Department
Part-time Registrars to attend on 6 or 5 sessions per week.

Minor Oral Surgery
Part-time Registrar to attend on 6 or 3 sessions per week.

Dental Radiology
Part-time Registrar to attend on 6 or 3 sessions per week.

Ante-Natal Clinic
1 Dental Officer to Salomons Centre for 1 session per week.

Staff Dental Officer
1 Dental Officer.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Wednesday, 6th May, 1959.**

APPOINTMENTS

GUY'S HOSPITAL

The following Assistant Dental House Surgeon appointments have been made for the period 1st April to 30th June, 1959 :

General Duties: Mr. D. H. Gibb, Mr. A. R. Lynch, Mr. B. A. Foster, Mr. J. H. Bason.

Children's Department: Miss A. Hasquencort, Mr. A. B. Hewitt.

Preventive Dentistry Department: Mr. B. B. Warren.

E. A. Williams, M.B., F.R.C.S., M.R.C.O.G., has been appointed Consultant Obstetrician and Gynaecologist at Newport.

Mr. Alan C. Campbell, F.D.S., B.D.S., D.Orth., M.R.C.S., has been appointed part-time Consultant Orthodontist to The Hammersmith Hospital, London, W.12.

Institute of Dental Surgery and Eastman Dental Hospital

Professor R. V. Bradlaw, Dean of the Sutherland Dental School, King's College, University of Durham, has been appointed Director of Studies of the Institute and Director of the Hospital.

PASS LIST

UNIVERSITY OF LONDON

M.S.

February, 1959

D. F. N. Harrison

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

February, 1959

Surgery

P. G. C. Calverley

Medicine

D. M. Holmes A. S. Horniblow

Midwifery

A. K. Trounson

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.D.S.

Primary Examination

M. L. Brenchley L. W. Kay

L.D.S.

Final Examination

February, 1959

Part I.—*Surgery*

N. J. Balcombe
J. Bunyan
D. G. Carr
N. J. Chipping
K. S. Cowley
Barbara M. Cox
P. R. Dean
Ann R. Feakes
M. A. Ford
P. J. Hill
W. J. Humphreys
P. J. Kerr
J. D. Mackinder
C. S. A. Madgwick
W. F. Pick
P. Seaton
R. J. Thomas
Rosemarie Walsh
M. J. Watts
Elizabeth A. Welch
D. H. Wright
S. Y. C. Wu

Part II.—*Dental Surgery*

C. C. Berwick
A. Collingham
G. F. De Silva
M. A. Dredge
B. N. Goode
M. J. Hill
J. L. Humphrey
Jill Joslin
T. A. T. Kolb
P. Kurland
A. P. Reynolds
I. Rosenthal
J. M. Snook

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

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Bloom, Arnold. Stein-Leventhal Syndrome. *Proc. R. Soc. med.*, 1959, **52**, 179.

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Burn, J. H. and another. Fall of Blood Pressure after a Noradrenaline Infusion and its Treatment by Pressor Agents. *Brit. med. J.*, 1959, i, 394.

Clark, R. M., Ross, D. N., Taylor, D. G. and George, R. E. Complete Heart-block : Use of Electronic Pacemaker. *Lancet*, 1959, i, 392.

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Ellis, F. G. Leiomyoma of the Small Intestine. *Proc. R. Soc. Med.*, 1959, **52**, 175.

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Fox W. and another. A Five year Assessment of Patients in a Controlled Trial of Streptomycin with Different Doses of Para-Ammosalicylic Acid in Pulmonary Tuberculosis. *Quart. J. Med.*, 1959, **28**, 77.

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Gregory, Irene D. R. An Unusual Case of the Vogt-Koyanagi Syndrome. *Brit. J. Ophthal.*, 1959, **43**, 113.

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Jeanes, A. L. and others. Torulosis of the Central Nervous System in Britain. *Brain*, 1958, **81**, 542.

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Keable-Elliott, R. A. A Case of Abdominal Pain. *Practitioner*, 1959, **182**, 356.

Kendall, P. H. and Hart, Maurice F. Side-effects following Triamcinolone. *Brit. med. J.*, 1959, i, 682.

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Large, P. G. and another. Funicular Direct Inguinal Hernia. *S. Afr. med. J.*, 1959, **33**, 73.

Lessof, Maurice. Management of Sydenham's Chorea. *Mod. Med. Great Britain*, 1959, **4**, 338.

MacManus, Desmond. The Use and Abuse of Psychiatry. *Med. Pr.*, 1959, **241**, 187.

Magnus, I. A. and another. A Case of Urticaria Salaris studied with a Monochromator. *Brit. J. Derm.*, 1959, **71**, 51.

Maizels, M. and another. Cation Exchanges of Human Erythrocytes. *J. Physiol.*, 1959, **145**, 641.

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Malcomson, K. Greer. The Vasomotor Activities of the Nasal Mucous Membrane. *J. Laryng.*, 1959, **73**, 73.

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Nightingale, A. and Allsopp, C. B. Electrical Potential Differences Produced by the Human Body. Chapter in *Progress in Non-destructive Testing*. Edited by E. G. Stanford and J. H. Fearon. Heyward, London, 1958.

Oppé T. E. and another. Obstructive Jaundice and Haemolytic Disease of the Newborn. *Lancet*, 1959, i, 536.

Parker R. A. and another. Intestinal Perforation and Widespread Arteritis in Rheumatoid Arthritis During Treatment with Cortisone. *Brit. med. J.*, 1959, i, 540.

Partridge Maurice. Discussion on Psychosurgery. *Proc. R. Soc. Med.* 1959, **52**, 206.

Punt, Norman, A. Alteration in the Voice, with Special Reference to Singers and Actors. *Med. Press*, 1959, **241**, 235.

Rook, Sir Alan. Student Suicides. *Brit. med. J.*, 1959, i, 599.

Ruben, C. Montague. Operation-table head-pillow. *Brit. J. Ophthal.*, 1959, **43**, 117.

Shephard, R. J. The Timed Airway Resistance. *J. Physiol.*, 1959, **145**, 459.

Soothill, J. F. and others. Nephrotic Syndrome with Pollen Hypersensitivity. *Lancet*, 1959, i, 500.

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PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d. 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

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Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

A. J. P. Graham, F.R.C.S.(Eng.), Medical Centre, 52, Baines Avenue, Salisbury, S. Rhodesia.

J. Antony Martin, M.B., B.S., D.L.O., P.O. Box 351, Kampala, Uganda, E. Africa.

R. W. Smithells, M.B., M.R.C.P., D.C.H., 10, Garth Drive, Mossley Hill, Liverpool 18. (Allerton 2181).

BIRTHS

DEXTER.—On 5th March, 1959, at Guy's Hospital, to Barbara (née Gall, B.Sc.), wife of Harvey Dexter, M.R.C.S., L.R.C.P., a daughter (Julie).

EARNSHAW.—On 1st March, 1959, to Gillian (née Cooks, M.B., B.Chir.), and Tony Earnshaw M.A., M.B., B.Chir., of Earl Shilton, Leicester, a son (Timothy Davis), brother to Jonathan.

FEAVER.—On 5th March, 1959, at Amersham General Hospital, to Dorothy (née Vassi), and Roy Feaver D.D.S. L.D.S., a son (Paul Ewart), a brother for Susan and Sally.

MARTIN.—On 27th August, 1959, to Dorothy (née Glover, S.R.N.), wife of J. Antony Martin, M.B., B.S., D.D.O., a son (Peter Francis Michael), a brother for Sarah and Victoria.

MIDDLE.—On Christmas Eve to Shirley (née Barnes, M.B., B.S.), wife of Bryan Middle, M.B., B.S., a daughter (Katherine Jane).

MILLS.—On 7th February, 1959, at 130, Milborough Crescent, Lee, S.E.12, to Nanette wife of Peter Mills, F.R.C.S., a son (Ian Peter), a brother for Suzanne and Shauna.

ORME-SMITH.—On 2nd March, 1959, at Queen Charlotte's Hospital, to Elizabeth Ann (née Ridley), and David Orme-Smith, a daughter (Sarah Elizabeth).

RODDICK.—On 14th March, 1959, at Farnborough Hospital, to Anne and Ian C. Roddick, a son (John Francis).

SHOTTS.—On 16th March, 1959, at Queen Charlotte's Hospital to Barbara (née Layman, S.R.N.), and Alan Shotts, L.D.S., M.R.C.S., a daughter (Rosemary Helen), a sister for Paul and Jeremy.

MARRIAGES

PARISH—RILEY.—On 24th January, 1959, at Bilton Parish Church, Hull, Raymond Parish to Joan Margaret Riley, S.R.N., S.C.M., H.V.

WRIGLEY—HARRY.—On 7th February, 1959, in Montreal, Frederic Wrigley, M.B., B.S., to Pamela Ruth Harry, S.R.N., S.C.M.

DEATHS

GALBRAITH.—On 8th March, 1959, at Launceston, Cornwall, Douglas Aird Galbraith, M.C., M.R.C.S., aged 69.

KAPLAN.—On 24th December, 1958, in Pretoria, South Africa, after a long illness, Louis N. Kaplan, M.R.C.S., L.R.C.P.

EDS. J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1845 11*th April* 1959 *One Shilling*

PASSIM

EVERY clinical student spends two periods, of three months each, attached to a medical firm. In this time he correlates his theoretical knowledge with the practical aspects of disease—signs, symptoms and treatment. This is essentially an extension of the apprentice system, where personal, individual tutelage allows the granting of a great deal of responsibility to the student. The system will not work if groups are too big, and it seems to us that firms have grown so big in the last year or two that the system is in danger of being stultified. Fifteen or more clerks are too large a group for bedside demonstration of physical signs, while if a registrar achieves more intimate teaching by splitting his firm into two, he does so only by halving the time spent teaching each student. At present the four medical firms all cover the whole gamut of general medicine, while two have cardiac beds, so that the number of cases of heart disease clerked by these firms is relatively higher. Two firms, however, operate under three physicians each, while the two neurological firms, invaluable as they are, are optional, so that far too many students qualify who have seen very few clinical cases of nervous diseases. Details of what we now propose could be thrashed out at length, and arguments for and against it will occur immediately to all of us, but we suggest, in brief, that the two neurological firms and the four medical firms (including the Department of Experimental Medicine), should be re-formed into six medical firms. This would give two firms on which neurological beds would be clerked, while the others would have the same facilities as now. Far more students could then do neurology, and all ward clerks would work in smaller firms, to their own great advantage. It is difficult to contemplate major reorganization of this sort—perhaps unattractive since the present system works so well, but the difficulty of teaching the large firms of recent years makes it necessary for such a step to be seriously considered.

We most warmly congratulate Mr. F. A. Murray, Senior Registrar in the Department of Obstetrics and Gynaecology, upon his appointment as Consultant Obstetrician to the Portsmouth Group Hospitals.

We are very sorry to hear that Sister J. Page, our Third Assistant Matron, has left Guy's, but we congratulate her upon her appointment as Deputy Matron of the Kent and Sussex Hospital at Tunbridge Wells.

The Hughlings Jackson Lecture was founded in 1897 by the then Neurological Society to honour Dr. Hughlings Jackson, its first President, and to commemorate his work on the functions of the nervous system. The Lecture is given triennially by a physiologist or neurologist at the invitation of what is now the Section of Neurology of the Royal Society of Medicine. Since 1932 the Lecturer has received a gold medal—the Hughlings Jackson Medal. The first lecture was given in 1897 by Dr. Hughlings Jackson himself. The second lecture was given by Professor Hitzig, and subsequent lecturers have included Dr. Charles Dana, from the U.S.A., and Professor Otfrid Foerster, from Germany. The fifteenth lecture, "Excitation and Inhibition in Epilepsy", was delivered on 5th March by Sir Charles Symonds, and another Guy's man presented him with the Gold Medal for 1959, in the person of Sir Geoffrey Marshall, President of the Royal Society of Medicine. We congratulate Sir Charles upon this signal honour.

We congratulate Mr. R. K. R. Innes upon his recent election as Treasurer of the University of London Union.

We congratulate the Guy's Association Football team on reaching the Final for the United Hospitals' Cup. They did very well, against a strong U.C.H. team, to lose only by two goals to one.

The Annual Exhibition of the Art Society and of the Photographic Society has been both delightful and accomplished in recent years. This year, we understand, it is to open on 1st June. We look forward to an equally high standard this year, so dust your developer, sharpen your paint brush, or borrow a chisel, and prepare to enter.

A tall scaffolding bridge has been built across Great Maze Pond to carry compressed air to the plant now at work on securing the foundations of Guy's House with cement. The trial section is near *Sarah Swift*. To avoid disturbing patients, the diesel compressor will work in the car park, in a relatively remote position.

Residents on call must remain in the College, and when visited by their fiancées, would like to offer them (perhaps) a cup of tea. With no means of preparing it, some housemen have eyed thoughtfully the plaque on a nearby block of flats, and have considered approaching "The Metropolitan Association for Improving the Dwellings of the Industrious Classes," to see if they have a spare gas-ring.

In the lobby of the Nurses' Home there now stands a battalion of important-looking machines which will briskly exchange sixpences for coca-cola, hot and cold chocolate drinks, coffee, cigarettes, and bars of chocolate. Biscuits and cheese will soon be available. We worry for nurses' waistlines, for business, we hear, is brisk.

Among the notices in the College are many gems. Refusing to consult a French dictionary, we cling stubbornly to our misinterpretation of a notice announcing a *Cours de Perfectionnement de Gastro-Entérologie*, where a certain M. Viguié intends, unabashed, to undertake a "*Présentation d'Observations avec Clichés.*"

GUY'S DIARY

APRIL			Exhibition. Department of Surgery. *Burns.*
14th	T	1.00	Mr. H. J. B. Atkins. Clinical Lecture. *Radio-isotopes in Surgery.*
23rd	Th	1.00	Mr. R. S. Lawrie. Clinical Lecture.

OBITUARY

H. E. MARSH, M.C., L.D.S.(Eng.), D.D.S.(Penna.).

Horace Marsh, who died on 16th March, was educated at Dorchester Grammar School, and at Guy's. He qualified in 1906, and was a dental house surgeon and later a Demonstrator on the staff here. Between these appointments he studied in the University of Pennsylvania and also graduated from there. His special interest was in the care of children and he was President of the British Society for the study of Orthodontia in 1930; he was President of the Southern Counties Branch of the B.D.A. in 1937, and was an Honorary Member of the Association. He practised in Bexhill-on-Sea and was Dental Surgeon to Bexhill Hospital; he was also Churchwarden at St. Barnabas Church. For many years Marsh was a keen Territorial Officer; during the second battle of Ypres, when five of his six guns had been knocked out, he kept the remaining gun in action; for his gallantry under prolonged and heavy fire he was awarded the M.C. Horace Marsh was a pleasant companion and a keen golfer; he was sincere in all his actions and always devoted to his duty.

F.N.D.

NOTICES

CHRISTMAS CARD COMPETITION

Entries are invited for a competition to design a Guy's Christmas card, in which the *Gazette* Committee will award two prizes, of ten and five guineas, for the best line or wash drawings received. Dr. W. N. Mann and Mr. J. S. Tomkinson have agreed to act as judges. Competitors are invited to bear in mind that their design should have some link with the Hospital. The closing date for entries, which should be addressed to the Editor of the *Gazette*, Guy's Hospital, S.E.1, is Friday, 1st May.

GAZETTE INDEX, 1958

The *Gazette* Index for 1958 is now available, free of charge, on application to the Wills Library or to the *Gazette* Office.

OBITER DICTUM

MR. R. H. F. BRAIN : "When I was in Burma, I performed a prostatectomy for which I was paid in rubies."

BEYOND THE TIP OF THE FINGER

or

What the Finger does not feel

By NILS ECKHOFF, M.S., F.R.C.S.

A Clinical Lecture delivered at Guy's Hospital on 18th November, 1958

There is an old saying which states "What the eye sees not the head rues not", this is usually quoted as "What the eye cannot see the heart cannot grieve about". I wish this were true of what the finger cannot feel. You may have guessed that I propose to talk of rectal examination. I trust that every Guy's man has been taught many times and oft, of the immense importance of a rectal examination. It was a very unkind and cynical medical registrar who once said to a student after he had related the history of a patient, "What investigation would you now make ?" To which the student answered, "Do a rectal examination". Swiftly came the sally "what do you expect to find ? The diagnosis written on a Guy's slip ?".

It is not always as easy as that, but sometimes very nearly so. One of the shortest letters I have received from a practitioner stated. "This man has been passing blood and slime for 9 months. I think he needs a rectal examination". He certainly did ! An enormous carcinoma was present. Another more recently, but not from the same practitioner: "The above named had his bowels opened 15 times yesterday. There are glands on the abdominal wall (sic) and piles. I have arranged a barium enema. Will you please see him for surgery to piles ± neoplasm." Rectal examination revealed an enormous carcinoma, filling the pelvis and fixed on all sides. At operation this was found to be completely inoperable with fixity to the bladder and the wall of the pelvis over a wide area. He died within four months.

I should like to emphasize at once that to order a barium enema is not the way to diagnose a tumour of the rectum. The finger is much more reliable. I can well remember a practitioner who was otherwise one of the best, being horrified when I diagnosed extensive carcinoma of the rectum in a case where the barium enema was reported as normal. In this case the growth was extending almost to the anus, and could not possibly be missed by the finger. Inspection of the X-ray did in fact show irregular deformity of the lower part of the rectum, whilst the upper rectum was normal in outline.

More recently in May of this year a fine old man of 79 was sent to me with a history of difficulty in controlling motions for about a year. This was worse when standing or moving about, but better when sitting. He did not complain of pain, and had not noticed any bleeding. Since his wife had died of inoperable carcinoma of the colon about a year earlier, the doctor was not unmindful of the possibility and a barium enema on 4th November, 1957, was reported to show diverticulitis only. In May, 1958, a rectal examination revealed a large tumour in the rectum, fixed to surrounding structures, admitting the tip of the finger only into a small central channel. Since it is thought that a carcinoma takes many months to encircle the bowel, and since the patient had had symptoms of difficulty for a year, I have little doubt but that the barium enema examination deceived the practitioner, whilst a finger in the rectum should have given the answer.

It must be noted that the patient did not complain of pain, and had noticed no blood, and that in another (case 2) pain was said to be absent, and bleeding of recent origin. Some patients have a high pain threshold, and may be poor witnesses of fact. This only serves to remind us that a rectal examination (at least) should be performed in every case of disordered bowel function, notably

in the elderly, nor must one forget that cancer can occur in the twenties or even in the teens.

The rectal examination must be thorough, for it is possible to miss a small tumour in the rectal ampulla, or in the upper part of the rectum. Proctoscopy is of little value in excluding a tumour of the rectum, and in any case of doubt a sigmoidoscopy should next be performed. If this is negative a barium enema may now be given to exclude a lesion in the part beyond the tip of the finger or beyond the reach of the sigmoidoscope. Having told you the rather sad stories of several cases where delay in diagnosis led to the tumour being finally inoperable, it is almost with pleasure that one relates the other side of the picture, in a typical case.

A woman aged 48 was admitted complaining of pain in the lower abdomen for 4 months which is relieved by passing a motion consisting of semi-solid fæces with blood (bright red) and mucus. There were bouts of pseudo-diarrhœa 3 to 4 times a day, when a call to stool would be rewarded only with passage of mucus. Abdominal examination was essentially negative, but rectal examination revealed a mobile ulcerated area about 2½ inches in diameter in the anterior part of the rectum. Abdomino-perineal resection was performed and the patient left hospital less than a month later. Histology revealed an adenocarcinoma which had infiltrated the perirectal fat (Stage 2).

I hope you do not think that I wish to suggest that some of us possess a degree of omniscience. Far be this from being the case. Rather do I wish to suggest that the diagnosis of lesions in the rectum (and pelvis generally) should be within the scope of every one of us, by digital rectal examination.

The most important thing is to remember to do the examination. I could go on telling you of cases of acute abdominal disease, of cysts and tumours of the pelvic organs, of intussusception, and a host of other things that were only diagnosed by rectal examination. I know a gynæcologist who is reputed to have diagnosed pyloric stenosis by pelvic examination.

Having decided to do this examination my next advice to you is not to hurry. The tyro is inclined to thrust his finger into the rectum sharply (thereby often creating for the patient an anal fissure) and, having felt something a little unusual, to withdraw the finger equally smartly. The technique should be quite the reverse.

The gloved finger should be well covered with lubricant. St. Mark's prescription is excellent, for it can be wiped or washed off so easily. One of my teachers preferred not to use a glove, for he said his interfered with the sense of touch. A plentiful supply of soap was scraped under the nail, and lubricant used as above.

First the perianal region is palpated to exclude inflammation or tenderness here, for an abscess or a fissure may make it desirable to postpone the full examination. Next the sphincter is palpated and gently stretched with the finger tip, the lumen of the anal canal examined, and the finger advanced slowly till it lies well inside the rectum, and the web is at the anal verge. The finger tip is swept round behind to feel the ampullary part of the rectum, or any abnormality in the sacral hollow, and out to the ischial spines on each side. The finger may now be rotated—so that the volar surface will palpate the prostate, vesicles and base of the bladder in the male, and the uterus and adnexa in the female. Now the upper reaches of the rectum are explored, which may be facilitated by placing the other hand on the suprapubic region. Frequently a tumour of the pelvic colon may be detected by this means. If there is apparent tenderness, and some doubt as to its authenticity or location, it is well to keep the main part of the finger still, and flex only the tip, first this way and then that, and ask the patient to notify the spot of greatest tenderness.

All the cases above mentioned are such that the diagnosis could easily have been made by any competent practitioner. In some the patients presented too late, but in others I cannot help feeling that the finger had not been used as it should, hence the sub-title of this lecture, "What the finger does not feel".

The main title is meant to draw attention to a slightly more difficult type of case, where the lesion is not in the rectum itself, but in the distal colon, or perhaps in some other abdominal organ or viscus. In such cases an abnormality may be felt with the very tip of the finger, and its exact size and shape may be difficult to determine. Assistance may be obtained by using the other hand to press downwards on the lower abdomen, *i.e.*, the bimanual method.

Mrs. M. E., aged 56, was admitted to hospital in June, 1958. She complained of loose motions for about 12 months which had got worse in the last three months.

She had always been constipated, but after a visit to Italy 2 years earlier this condition improved, and she even found it was no longer necessary to take laxatives. Diarrhœa began one year ago and continued at irregular intervals up to February, 1958. She had no pain until an attack of "cystitis" in February. Towards the end of the day she had noticed a little blood in the motions. On examination the descending colon was said to be palpable as a firm mass stretching from the left costal margin to the left iliac fossa. It was tender over its lower part. Rectal examination was said to reveal only an empty rectum with no blood. The physicians, therefore, suspected that this was a case of diverticulitis rather than a carcinoma.

When I saw her the rectum was certainly empty but the floor of the pelvis was absolutely solid with neoplasm, which could also be felt arising above the pubis on bimanual examination. Barium enema showed an irregular area of narrowing in the pelvic colon, just distal to the pelvi-rectal junction. The radiological appearances were highly suggestive of carcinoma. The remainder of the large bowel appeared normal. Laparotomy revealed an inoperable carcinoma fixed to the left side of the pelvis and to the pelvic viscera. A colostomy was performed.

It is in such cases, if there is some doubt about what can be felt with the finger, or even more so in the cases where nothing can be felt with the finger, but the symptoms suggest alteration in the bowel habit, that it is imperative to investigate further by sigmoidoscopy and barium enema examination.

Barium enema examination, in good hands, is an extremely satisfactory method of eliminating or elucidating disease of the colon generally. I have already pointed out that the finger comes first in eliminating disease of the rectum. But in the pelvi-rectal region, where the colon joins the rectum, is an area where the finger may fail (by being too short, or badly used), and the barium enema may fail, owing to superimposition of loops and the existence of curvatures in both planes. Here I think the sigmoidoscope is supreme, for with this instrument one can exclude disease of the last 12-14 inches of the bowel.

Thus with these three tools, the finger, the sigmoidoscope and the barium enema, no lesion of this area should be missed.

Let me quote some typical cases:

Mrs. Y.K., aged 48. In March, 1958, started going to the toilet more frequently, increasing up to 20 times a day. Passed blood about once a day. No severe pain but a drag in the lower left abdomen. Seen in mid April, when the iliac colon seemed to be in spasm, and a hard lump the size of a tennis ball could be felt by the bimanual method through the wall of the rectum in the pelvic colon. At operation four days later it was found that the mass in the pelvic colon could be delivered through the incision and removed with end-to-end anastomosis. Histology revealed an adeno-carcinoma which had infiltrated the colonic fat.

Mrs. M.S., aged 70, had a gastroenterostomy in 1945 for peptic ulcer followed by a gastrectomy in 1948 for further hæmorrhage. Since the gastrectomy motions had tended to be copious, but quite recently had been small with some blood. On 25th April, 1958, examination revealed a contracted iliac colon, and rectal examination a point of tenderness at the tip of the finger, and an indefinite small lump. X-ray (slide) showed a filling defect. Operation four days later revealed a pedunculated submucous polyp, which was removed by enterotomy. Histology confirmed that it was a non-malignant papilloma.

Mrs. M.C. Admitted 30th April, 1958, with irregularity of bowel action and aching in the left iliac fossa for several months, some mucus but no blood in the stools. There was some doubt about a mass in the iliac fossa, and rectal examination revealed a bogginess in the anterior rectal wall. Sigmoidoscopy showed narrowing of the lumen at 16cms. and barium enema a complete block to the flow of barium, suggesting a carcinoma. Operation revealed a thickening in the iliac colon. Partial colectomy was performed with direct anastomosis. Pathological examination revealed an area of diverticulitis only. The interesting fact about this case was that the lesion occupied only a small length of bowel, thus producing a radiological picture mimicking a carcinoma.

Mrs. L. L., aged 77, was admitted in May, 1958, complaining of diarrhœa for 18 months. The looseness of the bowels was intermittent. She passed small quantities at a time, with some mucus. Blood had first appeared two weeks earlier. There was no pain.

On rectal examination a soft fleshy tumour the size of a golf ball could sometimes be made out with difficulty at the tip of the finger. On sigmoidoscopy this

soft tumour was seen at 10cms. and a piece taken for examination. Histology revealed that it was a mucous papilloma with no evidence of malignancy.

In view of her age (77) it was thought that operation could be deferred, but a month later continued bleeding urged me to remove the tumour. The tumour was delivered with some difficulty through the anus, and was found to be reasonably pedunculated. A clamp was placed across its base, and it was resected carefully but cutting and stitching alternately.

Unfortunately, 24 hours later she complained of abdominal pain and distension. Bowel sounds were absent and X-ray showed gas under the diaphragm. At operation a leak was found at the site of the excision. This was repaired and a colostomy performed. We are at present considering the closure of the colostomy, but the patient is well and relieved of her symptoms and finds the colostomy manageable.

The last four cases represent a group all presenting with diarrhœa, where the lesion was beyond the finger tip—in one a carcinoma, in the second a small polyp, in the third diverticulitis, in the fourth a large innocent tumour almost in the category of a villous papilloma, all in the distal colon.

I have already indicated that rectal examination is helpful in elucidating disease even beyond the rectum and colon. For example we have in the ward at the moment a girl who has a tumour of the os coxæ affecting the ilium, the ischium and the pubis, producing cystic swelling of each. This has produced swelling which can be felt on rectal examination. Preliminary reports, following needle biopsy, suggest that the histology is that of osteo-clastoma. I can remember a similar cystic tumour of the sacrum, and others of a more complicated pathology.

I can remember a dermoid cyst of the ovary diagnosed by an Ear, Nose and Throat Surgeon by rectal examination. Also a similar case of my own. I can remember cases of acute appendicitis where the abdominal tenderness was negligible, but where the tenderness on rectal examination left no doubt as to the necessity for surgery: cases of intussusception where the diagnosis was clinched by rectal examination, cases of ileitis and of intestinal obstruction where the distended coils could be felt per rectum, and cases of post-operative pyrexia where rectal examination clearly demonstrated a pelvic abscess. Finally, let me remind you that in the recent Text Book of Surgery under the editorship of Blackburn and Lawrie we find on page 699 a picture of a finger in the rectum with the caption "Examination of the testicles". This may seem a little odd, but the author tells me this is no misprint. It is meant to indicate the enormous importance of digital examination of the rectum in diseases of the lower genito-urinary system.

I should like to finish with an incident that occurred last week. A patient was referred with the note "Would you please see the above complaining of piles with slight bleeding, ? injection". Examination revealed a perianal hæmatoma of one week's duration. As you know the intense pain of an anal hæmatoma can be immediately relieved if the clot is removed on the first or second day, but if a week has passed, this is not indicated. I, therefore, asked cautiously, "When did your doctor first examine this ?" To which the answer, "He did not examine me at all". This might be quoted as a criticism of the Health Service. But more correctly it is a criticism of a very bad doctor.

CORRESPONDENCE

Letter to the Editor of the Gazette

Art Exhibition, 1959

SIR,—May I give notice to your readers of this year's Hospital Art Exhibition ? This will open on Monday, 1st June, and the closing date for entries will be Saturday, 30th May.

All members of Guy's, students and staff and their immediate families are warmly invited to submit paintings, drawings, sculpture and wood and metal work of all kinds. Exhibitors are reminded that their paintings and drawings must be framed ready for hanging.

Yours etc.,

CHRISTOPHER MALLINSON,

Hon. Secretary, Guy's Hospital Art Society.

Guy's Hospital, S.E.1.

Academy for Athletes ?

SIR,—On first reading the letter of E. James, I supposed it to be satirical but taking it in conjunction with that of J. W. Rickett it seems to me that it is consonant with the general lowering of educational standards and lack of cultural appreciation and may well be serious.

If so, it IS serious.

Some time ago, the dean of another medical school complained publicly of the poor educational standard of his students and stated that they were unable to write a report in good English: if, as now suggested, academic deficiences are to be ignored in favour of proficiency at football then medicine will cease to be one of the learned professions and become just another technological job.

Perhaps Kipling's scorn was prophetic ?

Yours etc.,

E. J. F. KING.

45, North Hill,
Colchester.

SIR,—As an occasional member of selection committees for medical students, I was interested in the letter from E. James in the last *Gazette*. If I understood him properly the writer suggested that a candidate who was an outstanding Rugby player ought to be accepted because of this, and for the sake of the name of Guy's in the Rugby world. I do not think this attitude can be justified.

The purpose of selection committees, I believe, should be to select those candidates who will make the best doctors or dentists. Success in other fields is irrelevant—apart from the assistance it may give in the difficult problem of deciding who are likely to make the best doctors or dentists.

Yours etc.,

S. J. WYARD.

Physics Department,
Medical School, Guy's Hospital, S.E.1.

Extern intra Muros

SIR,—The threat to the College Art Room takes me back 34 years when I last paid it a visit. How its treasures live in the memory, from the primitive "What will master say ? " ('primips' we used to call them) to the little twins in utero and football-jerseys—one Guy's and one Bart's. With the small Guy kicking out the other, the title "Bart's. defœted" was self-evident. What colour, what imagination, what triumph, equal in its way to the "Birth of Venus". These works must be preserved at all costs from the ravages of both T.B.L. and D.W.B.* Rather than commit such masterpieces to the flames let us commit them to print. An illustrated edition by Batsford would enliven the works of Wingate and Cameron and the letterpress might portray the poignancy of life for those who walked the wards, as when the overwrought extern, having sat all night with a case one more experienced would have bricked, sent up at breakfast for fifty gold flake and a doctor.

Burn the extern room ? Quid cervix !

Yours etc.,

LESLIE HOUSDEN,
Extern 1922 (or was it '21 ?)

Roundhead Cottage,
Old-Basing, Hants.

*Death-watch beetle.

NOTE.—*We understand that the Residents intend no alteration in the present décor of the Externs' room; this correspondence is therefore closed.*—EDITOR.

Field Sports Society

SIR,—It is proposed to form a Field Sports Society, the aim being to bring together those interested in Shooting, Fishing, Beagling, etc., and hence to further their sport.

It would be appreciated if those interested would contact :

Mr. M. H. Fanner
Mr. S. St Pierre
Mr. J. F. Sharp

They may be found in the Prosthetics Laboratory.

Yours etc.,

JOHN F. SHARP.

Guy's Hospital, S.E.1.

MEDICOS LOOK AT . . . . .

Probably most readers of the *Gazette* were unaware of the existence of the Inter-University Jazz Contest which this year was held in Birmingham about two months ago and attracted fourteen groups from twelve universities. Certainly the writer does not know whether or not any Guy's man (or woman) was chosen to form part of London University's fifteen-piece band or whether it is the intention of the Students' Union to enter a team of its own in future years, in which case one has visions of another small group of students with a proud member of the staff in the centre holding a cup and being photographed for posterity. In actual fact if the sounds coming from the open windows of the ballroom of the Students' Club on some Wednesday afternoons are any criterion, it will be a long time before a team from Guy's even enters the competition.

However, it was not the intention of the writer to discuss the merits of the local jazz group but to comment on two jazz concerts which were recently held in London. The concerts could be taken as typical of the best in jazz in America and England. The first included Louis Armstrong, the second Humphrey Lyttelton and Johnny Dankworth. No one will query the position that Louis Armstrong occupies in the world of jazz and few musicians will doubt that he is truly an artist. At a concert on the other hand one has to try to sort out Armstrong's music from his presentation of a stage act, and, what may be even more important, to try to listen to the music in spite of the way in which the music itself is presented. All groups of jazz musicians behave in the same way on the stage and Louis Armstrong's band was no exception. Need there be so much walking about the stage ? One admired the way in which the double-bass player picked up his instrument with one hand and abdomen and continued to play with his other hand while he moved a few yards into the centre of the stage. Surely he could have played his solo where he was. Perhaps if one is interested in jazz as music the best way to hear it is by means of gramophone records. One can then appreciate the rhythm of jazz, which is probably its most important and attractive feature, and the harmonic inventiveness of the solo parts although one can see little connection between what is being played and the familiar tune which is the melody on which the variations are based.

Regarding the concert in the Festival Hall with Lyttelton and Dankworth, the less said about it the better. Too much of the concert was devoted to the Dave Lambert Singers, a trio of Americans who attempted with their three voices to sing orchestral arrangements, and in so doing frequently imitated the instruments of the orchestra. The lady of the trio had, however, a remarkable range of voice. Some of the numbers presented by Lyttleton could be called jazz but Dankworth's band was what jazz should never be. He had no less than ten of his sixteen players playing the trumpet, trombone or tuba and when they were going full blast at speed one was reminded of Spike Hughes' sarcastic comment many years ago—"the music was fast and loud, therefore, hot". Whatever it was, it was certainly not jazz.

* * * * *

Is jazz to the symphony concert, what musical comedy is to opera ? Are there two kinds of music for two kinds of people ? Does an individual graduate from one group to the other ? Are there "freaks" who belong to both groups ? Are there forms of entertainment which are neither one nor the other ? Is it a question of age and with age experience ? Is one asking questions to which there is no answer ? These thoughts are provoked by certain simple observations. The audience in the Festival Hall at the jazz concert was completely different from the audience one usually sees at a symphony concert—it was younger and differently, even oddly, dressed. There was practically nobody over the age of thirty at the Louis Armstrong concert. The girl at Keith Prowse said "Surely you don't want tickets for Louis Armstrong, *Espresso Bongo*, *West Side Story*, *My Fair Lady ?* You go to the Old Vic and Covent Garden".

Visits to a pantomime and two musical comedies also prompt these remarks. *Espresso Bongo*, billed as the English threat to American musicals, with Paul Schofield, turned out to be a disappointment, in spite of a good story which was very near the truth if one reads the history of the rise of Tommy Steele. Was this the Schofield one saw in *Hamlet* and *The Family Reunion ?* His rasping, cynical, dead-pan voice came over well but what a waste of a good actor. As a musical comedy it may have been good, but the dialogue, the singing and the acting were frequently so poor that one came away with a feeling of having been only slightly entertained by the occasional good line, or song, or dance.

One can now book seats for *My Fair Lady* for 1960. This is *the* musical of musicals. It has a good story (Shaw saw to that), witty dialogue, catchy tunes, attractive costumes and sets, and first-rate actors. And yet one is not moved. Perhaps that is the problem. Shaw in *Pygmalion* said something of social significance and what one gets in *My Fair Lady* is a very pleasant evening's entertainment. Many people will say that that is enough. Let us accept that and try to see why this musical comedy is so successful. Undoubtedly the sets, clothes and music are good. One of its main attractions is the way in which the songs have been dovetailed into the dialogue; in fact the opening lines of many of the songs are spoken, not sung. In addition the words of the songs carry on the dialogue and take it further. One does not get the impression that everything is being held up for a rather pointless, sentimental song. Rex Harrison was outstanding in the part of Higgins and Julie Andrews is a most attractive Eliza Doolittle, but Stanley Holloway almost steals the show as her father, Alfred P. Doolittle.

There is little to say about *Cinderella*, the pantomime with Tommy Steele and Jimmy Edwards. If a pantomime is an entertainment for children one can only ask that it should be written with that in mind. Only a somewhat precocious, over-sophisticated child could have appreciated some of the dialogue and story of this pantomime. Jimmy Edwards' solo scene in the King's music room and Tommy Steele's scene with the animals, except for the seductive cat, were the outstanding features of this show. Every year one hopes that there will be a pantomime which is wholly suitable for children but only too often a fairy story is adapted and made into a vehicle for a number of well-known variety artistes.

REVIEW

Medicine and Medical Nursing. By J. C. HOUSTON and MARION STOCKDALE. English Universities Press. *Price* 15*s*.

In this book the authors' purpose and object have been achieved—a reasonable introduction to present-day medicine, laying particular emphasis on the aspects of investigation and treatment which lie within the nurses' province.

It is simply and concisely written, a helpful reference book for trained nurses, and invaluable to the student nurse, since its text covers the syllabus for the G.N.C. certificate of general nursing.

There are useful sections on urine testing, example of diets, metric system tables, and a good index.

This book is excellent value for the modest price.

B.M.W.

Passion Music—The Nurses' Choir

Those who went to hear the recital of Passion Music by the Nurses' Choir in the Chapel during Holy Week must have wondered if the choir would be able to maintain the very high standard of their Christmas recital. At first it seemed that this standard certainly would not be achieved for there was a rather diffident start by the quartet: Joy Strutt, Jill Palmer, David Luckins and Richard Strickland. They sang Bach's 'O Sacred Head Sore Wounded' so slowly that everyone began to realise that someone was a bit flat. However, voice and spirit had improved by the time they came to Byrd's 'Ave Verum Corpus' in which a better balance was achieved.

The main offering was Pergolesi's 'Stabat Mater' for which the soloists were Margaret Cooper, soprano, and Anthea Tarling, contralto. We have admired the freshness and sureness of Miss Cooper's voice before, and it says much for Miss Tarling that she appeared to no disadvantage in the face of such competition. Their solos and duets take up over half of the work, and it is perhaps because the soloists were slightly short of rehearsal, that it seemed to be the choruses which ensured the success of the evening. They were excellent. The conductor, Joy Strutt, has welded together a fine choir who sing with feeling, accuracy, and delight: there is very little that is beyond their capabilities. The only unsatisfactory aspect of the choir was that their numbers were down to eighteen. They are too good, and too welcome an addition to Guy's life to be allowed to diminish any more. They provide yet another "amateur" performance to which people can go with a prospect of certain pleasure, rather than out of a lonely well placed sense of duty.

It remains only to thank Joy Strutt and the Nurses' Choir for this delightful recital, a most notable contribution to the commemoration of Holy Week at Guy's.

R.M.

The Quodlibet Society

Mr. Colin Welch, *Daily Telegraph's* Peter Simple columnist, spoke to the Society on 1st April, introduced by thousand-ship-launching chairwoman Jennifer Peebles. His bespectacledly earnest appearance, correct suit and just tamed abundance of hair suggested the better sort of journalist, which of course (with a Colonial Office background) he is. This did not prevent his talk ranging over vast *in camera* scope and journalistic loyalty prevents this column repeating all he said. (Those who wish they knew should have been there).

Perhaps to restrain depressed medical students from leaping to Fleet Street he described the necessities of a journalist's life: a proprietor; not an obvious disregard for the libel laws; ideas, not necessarily his own: Mr. Welch admitted drinking deep of the cup of Burke, de Tocqueville and Taine. Lastly he must have prejudices, without which a man is empty headed and rational, incapable of laughter, unable to distinguish what is important from what is not, who thinks there must be a good reason for everything.

Serious young men pressed hard, laughterlessly, to force Mr. Welch into admitting what he didn't think: he wasn't a cookery columnist for nothing and tricky questions were either turned on the questioner or avoided.

Ill-hidden in Mr. Welch's wit and urbanity were pungent observations: the origin of London newspaper opinion: the source of the political power of single-minded minorities.

All this added up to an amusing, interesting evening. An anti-*Telegraph*-Toryism atmosphere could be sensed, but Mr. Welch disarmed and delighted us.

S.N.

Seventy Years Ago

From Guy's Hospital Gazette, 13th April, 1889 (from Passim).

"There is progress in Surgery at Guy's. Within the last few weeks we have seen the cystoscope used in the diagnosis of an obscure case, the spine has been trephined to relieve pressure symptoms, and a portion of an enlarged prostate has been removed by a suprapubic operation. This is the first time that any of these new operations have been performed in our wards, and they have been attended with a measure of success which is very encouraging to the surgeons".

SPORT

RUGBY FOOTBALL

Inter-Hospitals' Junior Rugby Cup Final

Guy's "A" XV v. The London "A" XV
Result—Guy's won 13-9

Holders of the Junior Cup, Guy's 2nd XV once again upheld the prestige of Guy's Rugby by retaining the trophy. It was disappointing that more supporters were not present to urge on the winners of an excellent game that proved exciting to the final whistle. Both sides played with the spirit typical of Hospital Cup matches and this was seen predominantly in the vigorous tackling particularly of the Guy's side.

In good conditions London kicked-off with a strong following wind and were soon pressing in the Guy's half. Their forwards were backing up well but excellent tackling by Sanders and Ribiero and good touch-kicking by Pagliero prevented a score. A penalty-kick awarded to London just outside the 25 failed. Guy's were soon retaliating and an inside break by Leyshon who linked up with the forwards took play into the London half. A subsequent penalty kick by Pagliero failed. A London three-quarter movement broke down and excellent dribbling by Biggs and Sanders took the ball over the London line where Leyshon touched down between the posts. Pagliero made no mistake with the conversion. Far from disheartened London retaliated and following a penalty which failed they were pressing on the Guy's line. A scrum in front of the posts gave London the ball and their fly-half slipped through on the blind side to score. The conversion failed.

In the second-half with the wind behind them Guy's really put on the pressure and did everything but score. The forwards covered and tackled magnificently. A penetrating run by Sanders and a kick to the wing found Jacobs backing-up and a certain try was disallowed through the forward being just offside. O'Grady was unlucky with two drops at goal. Against the run of play London broke away and taking the ball up field attacked the Guy's line and with the ball swinging from one side of the field to the other eventually scored. Guy's were in no mood to be discouraged by this and were pressing in the London half when they were awarded a penalty. Although it was a long and difficult kick Pagliero sent the ball straight between the posts. The finest movement of the game followed this. A London three-quarter movement broke down on the Guy's ten-yard line and Chisholm covering in his usual manner snapped up the loose ball and made a magnificent thirty-yard run down the touch-line, passed inside to Sanders who cut in towards the centre and passed to Leyshon who crossed and touched down between the posts. The try was converted. London were not finished yet and following a run by their full-back and a cross-kick which found their forwards they scored in the corner. The excitement was now tremendous. London returned to the attack and Guy's received a set-back when Eustace was carried off the field of battle with a fractured fibula. Fine covering and kicking by Evans saved several dangerous situations and Guy's defended stoutly to the end.

Once again Guy's hold the Junior Cup and well they deserved it. In this final match they won because every member of the side played good hard Rugby and because they played as a team. London were no mean opponents and this produced a game of high standard. Let us hope that next year will see the hat-trick and perhaps there will be more support from the Hospital for a side that is well worth watching.

Team: K. M. Pagliero; D. Biggs, J. Leyshon, M. D. Sanders, M. Ribiero; D. O'Grady, J. D. Eustace; M. Jacobs, K. Robertson, G. Bury, G. Williams, J. Cook, C. Evans, J. Gritten (capt.), I Chisholm.

BOXING

UNITED HOSPITALS' CHAMPIONSHIPS

At the United Hospitals' Championships held on Thursday evening 19th March at the University Union, Guy's for the tenth time in the last eleven years' won the United Hospitals' Boxing Cup. The final points were :—

Guy's 25	Middlesex 8
St. Thomas's 20	London 1
St. Mary's 18	

This fairly reflects the all round fitness and boxing supremacy of Guy's. Credit for this is due in no small measure to the Guy's Trainer R. Tucker, also to the large contingent of Guy's supporters.

Bantam Weight—Semi Final

M. Reeve and J. Weedy both of Guy's fought a fast exciting contest the greater strength and experience of Reeve caused the referee to stop the bout in the third round, the reason not being apparent. Credit must be given to Weedy, who was conceding weight, and shows good promise for the future.

Final

M. Reeve went on to beat R. Walters (St. Thomas's) in the final, displaying a good combination of speed and power, the referee stepping in to stop a one-sided contest.

Feather Weight—Semi Final

A. Pickles, a newcomer to Guy's boxing, came up against a very experienced opponent in S. Sellars (St. Mary's), the referee stopping the bout in the first round.

Final

A. Willems of Guy's met Sellars in the final after a long lay-off from boxing, but for the first round repeatedly beat his man to the punch and looked a likely winner. Towards the end of the second round, however, a powerful hook to the body hurt Willems and slowed him down. Sellars seized his advantage and in an all-out finish, Sellars' fitness told, the bout being stopped in the third round.

Light Weight—Final

E. Chater, Vice-Captain of Guy's met A. Gordon (Middlesex) and with his usual speed and hard punching from the first bell, soon had his man in trouble. Chater never looked like losing his supremacy and coasted home an easy winner.

Light Welter—Final

I. Francissis and I. Garside, both of Guy's, met in the final, both having stopped their respective semi-final opponents with great confidence. The fitter and stronger Francissis, however, attacked relentessly, and although Garside boxed well defensively, he took several heavy blows to the head and the contest was stopped.

Welter Weight

P. Leopard the able Captain of the team, defeated S. Percival (St. Thomas's) on points in the quarter final and G. Dickson (St. Mary's) in the semi-final also on points. In both these bouts Leopard proved the fitter and better boxer. Leopard was tired after these two hard bouts and in the final, although obviously the more experienced boxer, he was beaten by S. Milner (Middlesex). Leopard was boxing strongly and was punching well, repeatedly beating his man with a hard left, but was unlucky and walked into a powerful right hook from Milner and the

referee decided to stop the contest. Leopard has proved to be an excellent example to the team, and the team look forward to another successful season with him as their Captain.

Middle Weight

D. Stubbs (Guy's) fulfilled promise shown earlier in the season by beating a strong St. Thomas's opponent in the quarter final. Stubbs moved and punched well, and held command on the contest throughout. Stubbs was called upon shortly afterwards to box his semi-final, and though showing great courage, soon tired against a fresh, strong opponent, the contest being stopped.

Light Heavy Weight—Quarter Final

M. Loader (Guy's) started well against J. Warren (St. Mary's), and the contest soon developed into a dour struggle, both men fighting themselves to a stand still with Warren lasting the better. More steadiness by Loader earlier on would probably have reversed the result.

Semi Final

S. Young (Guy's), who has shown a great improvement this season boxed against Warren, and soon settled down scoring almost at will with a fast left jab, against a crowding opponent, and was never extended. However, Young was very unlucky not to be judged the winner.

Heavy Weight—Final

A. G. Williams (Guy's), started well against the formidable K. J. Mallet (St. Mary's), and has gaining confidence from the ease with which he was scoring, when Mallet realising he was tiring as a result of a hard semi-final, unleashed a heavy attack towards the end of the first round, and the referee called a halt.

———

Prizes and the team trophy were presented by the President of the United Hospitals' Boxing Club. A. Dickson-Wright, M.S. (London), F.R.C.S., who showed reluctance in once more parting with the trophy to Guy's.

P.L.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing on 1st June, 1959. The unit, which is housed in the Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by the 25th April to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Registrar in the Department of Obstetrics and Gynaecology** (mid-grade) for the period 1st July to 30th September, 1959, only.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **21st April, 1959.**

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered Dental Practitioners for the appointment of **part-time Demonstrator in Special Anatomy and Histology** to commence duties on 1st October, 1959.

Forms of application are obtainable from the Dean, Guy's Hospital Dental School, London, S.E.1, to whom applications should be sent not later than **Wednesday, 6th May, 1959.**

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on 1st October, 1959 :

Department of Conservative Dental Surgery
Part-time Registrars to attend on 6, 3 or 2 sessions per week.

Department of Dental Prosthetics
Part-time Registrars to attend on 5 or 3 sessions per week.

Dental Department for Children
Part-time Registrars to attend on 6 or 3 sessions per week.
Orthodontic Assistants to attend on 6 or 3 sessions per week.

Assistants to the Visiting Dental Surgeons
Part-time Registrars to attend on 6 or 5 sessions per week.

Department of Preventive Dentistry
Part-time Registrars to attend on 5 or 3 sessions per week.

Casualty Department
Part-time Registrars to attend on 6 or 5 sessions per week.

Minor Oral Surgery
Part-time Registrar to attend on 6 or 3 sessions per week.

Dental Radiology
Part-time Registrar to attend on 6 or 3 sessions per week.

Ante-Natal Clinic
1 Dental Officer to Salomons Centre for 1 session per week.

Staff Dental Officer
1 Dental Officer.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Wednesday, 6th May, 1959.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Applications are invited for the post of **Resident House Physician** (with Casualty Duties) for six months from 1st June, 1959. Appointment recognised for the D.C.H. Candidates must be registered practitioners, and should apply giving age, nationality, qualifications (with dates), and copies of three recent testimonials, to the Hospital Secretary by first post on **24th April, 1959.**

HOUSE APPOINTMENTS

1st JUNE, 1959

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on 1st June, 1959.

Assistant House Surgeons (*Pre-Registration*) 3
The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3
The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Medical) or will remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Casualty Officers (*Pre-Registration*) 5

House Surgeons (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

Resident Obstetrician 1
Post-Registration, to commence on 1.7.59.

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital (*Pre-Registration*) 2

Throat and Ear and Ophthalmic House Surgeon (*Pre-Registration*) 1
(Three months at Guy's Hospital followed by three months at New Cross Hospital for E.N.T. duries only.)

Genito-Urinary House Surgeon 1
(*Pre-Registration*)
(Second 6 months).

House Surgeon to the Thoracic Unit 1
(*Pre- or Post-Registration*)

Children's House Physician (*Pre-Registration*) 1
(Second six months candidates only.)

Children's House Surgeon at the Evelina Hospital (*Pre-Registration*) 1

House Physician to the Department of Experimental Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) .. 1

R.M.O.s Nuffield House 2
(1 to commence 1.6.59)
(1 to commence 1.7.59)

Resident Anaesthetists 2
(1 *Post-Registration*)
(1 S.H.O. at New Cross)

Dermatological House Physician 1
(*Post-Registration*)
(To commence 24.7.59)

The Medical Committee will also consider applications for posts at outer hospitals as follows:—

JOYCE GREEN HOSPITAL, DARTFORD

Senior House Officer in Paediatrics and Infectious Diseases (*Post-Registration*) .. 1

House Surgeon in General Surgery (*Pre-Registration*) to commence 20.6.59 .. 1

House Surgeon in General Surgery and Peripheral Vascular Surgery (Mr. Sol Cohen) (*Pre-Registration*) to commence 8.7.59 1

QUEEN MARY'S HOSPITAL, SIDCUP

House Physician (*Pre-Registration*) .. 1
House Surgeon (*Pre-Registration*) .. 2

ST. JOHN'S HOSPITAL, LEWISHAM

House Physician (*Pre-Registration*) .. 1

Casualty Officer (*Pre-Registration*) to commence 25.7.59. 1

ORPINGTON HOSPITAL

House Physician (*Pre-Registration*) .. 1

General House Surgeon with Physical Medicine (*Pre-Registration*) 1

General House Surgeon with E.N.T. (*Pre-Registration*) 1

General House Surgeon with Ophthalmology (*Pre-Registration*) 1

NEW CROSS HOSPITAL

House Physician (*Pre-Registration*) .. 1
General Medicine.

House Surgeon Orthopaedics (*Pre-Registration*) 2

House Surgeon General Duties (*Pre-Registration*) 1

ST. OLAVE'S HOSPITAL

House Surgeon (*Pre-Registration*) .. 2

HITHER GREEN HOSPITAL

House Physician in Infectious Diseases and Medicine (*Pre-Registration*) to commence 3.7.59 1

LEWISHAM HOSPITAL

House Surgeon (*Pre-Registration*) .. 1
1.6.59—14.6.59 in Locum capacity—6 months appointment from 15.6.59.

House Physician (*Pre-Registration*) .. 1
27.5.59—14.6.59 in Locum capacity—6 months appointment from 15.6.59.

Applications, giving choice of post and choice of hospital, in order of preference, should be lodged in the Superintendent's Office, not later than **Thursday, 30th April, 1959.** Candidates who apply for appointments at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians, should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES.

Pre-Registration candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time, in order to avoid delay in obtaining a post. A number of recognized posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only and not a Medical post.

JOYCE GREEN HOSPITAL, DARTFORD
HOUSE OFFICERS

The Regional Hospital Board have decided to close one of the three general hospitals in the Dartford Group of Hospitals (the Southern) and to transfer the work hitherto carried out there to Joyce Green. To that end the process of spending about half a million pounds has already begun on works to modernise wards, departments and staff quarters, etc. and to provide new operating theatres at Joyce Green. It is hoped that the first stage of this process will have been completed by the middle of the summer and that it may then be possible to move the various departments over from the Southern

All this will mean that some 700 beds will be occupied at Joyce Green which will provide in-patient accommodation for the following Medical and Surgical Departments:—

General Medicine.
General Surgery.
Peripheral Vascular Surgery.
Paediatrics.
Ear Nose and Throat Surgery.
Genito-Urinary Surgery.
Orthopaedic Surgery.
Gynaecology.
Infectious Diseases including a Regional Poliomyelitis (Respiratory) Centre.
Geriatrics.
Dermatology.

Thus, there will be an establishment of some 15 or more junior and senior House Officers posts offering excellent experience over a wide field in a busy, large, modernised hospital within easy reach of London. Vacancies will be announced as they occur.

PASS LIST

UNIVERSITY OF OXFORD

Hilary Term, 1959
2nd B.M. Examinations

General Pathology and Bacteriology

D. B. Calne — W. R. Esson

Forensic Medicine and Public Health

H. Champney — J. L. Lane
M. I. S. Keir — J. R. R. Spurrell

Special and Clinical Pathology

H. Champney — J. R. R. Spurrell
M. I. S. Keir — P. L. Strong

UNIVERSITY OF CAMBRIDGE

M.D.
N. T. Holden

CONJOINT BOARD

L.R.C.P., M.R.C.S.
First Examination
March, 1959

Anatomy
J. R. Pearson

Physiology
G. W. Cook

Pharmacology

F. G. M. Musleh
C. S. Ogg
N. N. V. O'Sullivan
Jennifer P. Peebles
Karen E. Poole
Ann Simpson
P. L. H. Vernon
P. J. Winter
J. D. Wonham

M. F. Biggin
P. J. Brewer
A. J. Bron
T. J. H. Clark
C. S. D. Crane
M. H. Devereux
Ann D. Fairclough
A. D. Hopkins
J. Leyshon
J. R. Mansfield

Chemistry

A. G. Buchanan — Rona Z. Johns
G. Hadshar

Physics

C. B. Jones — J. P. Sedgwick

SOCIETY OF APOTHECARIES OF LONDON

Final Examination
March, 1959

Surgery
P. J. A. Willems

Pathology and Bacteriology, Social and Preventive Medicine and Forensic Medicine

J. A. Bushman — P. J. A. Willems
D. M. Holmes

Midwifery

D. M. Holmes — A. S. Horniblow

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.
First Examination
March, 1959

Anatomy and Physiology

J. M. Brown — P. J. E. Lang
A. P. Buirski — A. Owen
T. J. Freeman — J. D. Taylor
P. J. Haworth — M. L. Uren

Special Anatomy and Physiology
J. L. Schoeman

NURSING NEWS

The following Nurses have passed the Final State Examination held in February, 1959:—

Abbott, E. W.
Ashley, J. W.
Barker, M. G.
Burke, A. M.
Calvert, M. E.
Charles, M. M.
Charlton, B. E.
Chester, M. C.
Collinge, M. M.
Cottrell, F.
Davies, M.
Dennett, C. I.
Donnelly, M. M.
Escott, M. M.
Evans, J. E.
Fleming, P.
Forrester, K. Y.
Geidt, J.
Golder, C.
Green, C.
Griffith, J.
Gundry, J.
Hamilton, S.
Harrison, J. H.
Haycock, S. M.
Herold, J.
Hudson, J. A.
Kenny, K.
King, M. E.
Lane, R.
Lorton, M. A.
Lovegrove, J. M.
McDermott, M. E.
Macfarlane, V. J.
Marinus, A. M.
Marsh, M. J.
O'Riordan, M. J.
Payne, F. G.
Payne, L. A.
Pollard, R. L.
Pring, J. I.
Raw, A.
Robinson, J. M.
Ryan, C. M.
Scott, P. H.
Simpson, B.
Singer, M. L.
Strutt, J. M.
Sutcliffe, E. A.
Tarling, A. C.
Taylor, M. A.
Thomson, M.
Wallis, J. R.
Watson, A. S.
Witham, W. A.
Wright, M. J.

Entered :
Sister J. Ling to *Theatres.*
S/N J. Croll to *New Cross.*
S/N S. Donald to *New Cross.*
S/N A. Aitken to *New Cross.*
S/N J. Pepper to *O.P.D.*
S/N D. Schemel to *Theatres.*
S/N J. Dean to *Christopher.*
S/N E. Foelmer to *Evelina.*
M/N J. Cadger to *Victoria.*
M/N A. Trigg to *Victoria*
M/N B. Whitehead to *Victoria.*

Left :
Sister J. Page, *Matron's Office.*
Sister P. Menzies, *New Cross.*
S/N E. Stoddart, *Victoria.*
S/N L. White, *Nuffield C.*
S/N J. Mann, *Theatres.*
S/N A. Stevens, *Surgical X-ray.*

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d. 3 lines 7s. 6d. Box Numbers 6d. extra.
Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

POSITANO (Between Sorrento and Amalfi). delightful villa overlooking sea. Room, baths, breakfast, dinner, service, equiv. 25/- inclusive. Write: Amalia Cafiero, Positano, Salerno, Italy. (Enquiries London, Primrose 7598).

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

Required

ASSISTANT DENTAL SURGEON required, end of June or early July, for high-class City of London practice combining N.H. and private patients. Remuneration at rate of 50 per cent. net N.H.I. takings with generous guaranteed minimum. Extra for Private fees. Modern surgery and equipment, clinical freedom, excellent staff, air conditioning, etc. Reply stating age, hospital, date qualified, previous experience, and whether National Service completed. Box 172.

CLERK SHORTHAND-TYPIST, age 20-30 years, prospects. 5 days, hours 9 to 5. Write salary, experience. Box 800.

KENYA. Young Guy's dental surgeon, single, required beginning of June for 5 or 6 months' locum. Passages paid. Excellent opportunity for suitable person. Apply Guy's Appointments Bureau.

For Sale

ASPIRATOR, Dental forceps, and set of E.N.T. instruments. Box No. 173.

INDEX 1958 may be obtained free of charge from the *Gazette* Office, or Wills Library—Binding Cases 4s. 6d.

BINDING. Have your *Gazettes* Bound. 10/6 per volume. Apply The Librarian, Wills Library, Guy's Hospital Medical School.

***Replies to Box Numbers should be addressed to Gazette* Office, Guy's Hospital, London, S.E.1.**

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Camps, Francis E. Medico-Legal Emergencies. *Practitioner*, 1959, **182**, 475.

Clarke, C. A. Sudden Loss of Consciousness. *Practitioner*, 1959, **182**,403.

Davison, A. N., Dobbing, J., Morgan, R. S. and Wright, G. Payling. Metabolism of Myelin: The Persistence of (4-^{14}C) Cholesterol in the Mammalian Central Nervous System. *Lancet*, 1959, i, 658.

Douthwaite, A. H. The Therapeutic Value of Oral Glucose. *Practitioner*, 1959, **182**, 482.

Fichardt, T. and others. Experience in Radiological Protection in South Africa. *Med. Proc.*, 1959, **5**, 99.

Herbert, W. E. Three Cases of Disturbance of Calcification of a Tooth and Infection of the Dental Pulp following Trauma. *Dent. Practit.*, 959, **9**, 176.

Mills, C. Peter. A Branchiogenic Cyst of the Nasopharynx. *J. Laryng.*, 1959, **73**, 191.

Osborn, D. A. Haemangiomas of the Nose. *J. Laryng.*, 1959, **73**, 174.

Partridge, Maurice. Addiction to Drugs. Part I. *Brit. med J.*, 1959, i, 850.

Sears, W. Gordon. Iatrogenic Emergencies. *Practitioner*, 1959, **182**, 450.

Simons, J. R. The Distribution of the Blood from the Heart in Some Amphibia. *Proc. zool. Soc. Lond.*, 1959, **132**, 51.

Smith, M. E. N. Death from Tonsillectomy. *Lancet*, 1959, i, 671.

Smith, W. E. N. The Association of Laryngeal Stridor with Meningo-Myelocele. *J. Laryng.*, 1959, **73**, 188.

Turk, J. L. Immunological Activity of Precolostral Calf Serum. *Nature*, 1959, **183**, 839.

Wright, P. H. Production of Acute Insulin Deficiency by Administration of Insulin Antiserum. *Nature*, 1959, **183**, 829.

CHANGES OF ADDRESS

J. F. Garner, M.R.C.S., Ballarat Base Hospital, Victoria, Australia.

BIRTHS

BURCOMBE.—On 26th March, 1959, at R.A.F. Stradishall, Newmarket, to Moreen (née Crew, S.R.N., S.C.M.), and Douglas R. Burcombe, M.B. B.S., a daughter, Wendy Elizabeth.

DICKINSON.—On 14th March, 1959, to Janet (née Hutchings, S.R.N.), and Geoffrey Dickinson, M.B., B.Chir., The Knoll Stables, Frodsham, Cheshire, a sister for Edward (Louise Elizabeth).

KING.—On 30th March, 1959, at 11, Rectory Field, Harlow, Essex, to Jill (née Foggo, S.R.N.), and Allan King, a daughter (Susan Elizabeth), sister for Andrew.

LANE.—On 8th March, 1959, at Tadworth, Surrey, to Jill (née Catterall) and John Lane, B.D.S. a son (Nicholas Michael), a brother for Timothy.

PALMER.—On 29th March 1959, at Princess Mary's R.A.F. Hospital, Halton, to Shirley (née Oates, S.R.N.), wife of David Palmer, M.B., B.Chir., a daughter (Deborah), a sister for Guy.

ROBERTS.—On 29th March, 1959, in London, to Jean (née Carey, S.R.N.), wife of Derek Roberts, a daughter (Susan), a sister for Timothy Guy.

MARRIAGES

BUSH—JONES.—On 4th April, 1959, at St. Augustine's Church, Whitton, Michael Bush, M.B., B.S., to Margaret Jones, S.R.N.

GRAHAM-DAVIES—ELLIS.—On 7th March, 1959, at Weston-super-Mare, John Graham-Davies, M.R.C.S., to Judith Ellis.

DEATHS

BLACK.—On 27th January, 1959, Kenneth Black, F.R.C.S., of 807, Hood House, Dolphin Square, London, S.W.1.

MARSH.—On 16th March, 1959, Horace Edmund Marsh, M.C., L.D.S., of 1, Cantelupe Road, Bexhill-on-Sea, Sussex.

RINK.—On 6th March, 1959, Ernest Herrmann Rink, F.F.A.R.C.S., B.M., B.Ch., of Bowlinglands, Stick Hill, Edenbridge, Kent.

RIVERS.—On 31st March, 1959, at 5, Ken Road, Bournemouth, Stanley Rivers, M.R.C.S., aged 90 years.

WALLIS.—On 9th February, 1959, Ross Wallis, L.D.S.R.C.S., of 8, Grosvenor Road, Wrexham, Denbigh.

EDS. J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1846 *25th April* 1959 *One Shilling*

PASSIM

THE Minister of Health has been taken to task by a Select Committee of Members of Parliament for ignoring their recommendation that medical students should have a larger syllabus. Almost without further reflection, we rush to congratulate him on his masterly inactivity, but having considered their suggestion, we don our spurs, take up our bow and arrow, and hastily join battle on his behalf lest he yield before the weight of numbers. The Members have urged that before qualifying, students should have to satisfy the examiners of their knowledge of the finances of the Health Service and of the costs of treatment. They say that the Minister "might quite properly do more" to ensure that such financial items are studied. We agree that students must learn the principles of finance governing the Health Service in which they are to work, and must be aware of the relative costs of the drugs they prescribe. Charts in the Hospital, and frequent comments on teaching rounds, have given us at least a rough idea of these subjects without being "lectured at". A single lecture could equally well summarize the important points. But it would be foolish to have a further compulsory series of lectures, and naive to expect students to learn more of the matter than they do at present. Members should know that if strings of figures are demanded of students (who will have no future need of them beyond the rough relationships which "come naturally" when on the wards), then they will be grudgingly acquired or hopefully skimmed over, and forgotten in a week. The few who retain costs in their heads for longer will be defeated by changes in prices and by the arrival of new drugs. But in this suggestion, apart from its impracticality, we recognize with dismay another well-meaning but misguided attempt to put things out of proportion. Those who have recently taken qualifying examinations, and their seniors who are now in practice, will testify that the important part of medical training is the clinical work—missing a lecture in order to see patients pays dividends again and again. It is useless to know that cortisone costs more than aspirin if one cannot distinguish the rheumatoid from the gouty patient. The finances of the Health Service are a headache, but let the Minister tell his committee that more lectures mean worse doctors, and will solve no problems.

We offer our most sincere congratulations to Mr. C. P. Mills upon his appointment to be Consultant Ear, Nose and Throat Surgeon at Leeds.

We remind those who intend to submit entries for the Art and Photographic Exhibitions in June, that they must be received by Saturday, 30th May.

The Recovery Ward on the second floor of Guy's House is now working and contains three beds and one cot, with Sister Till in charge. The ward is available for any surgical case requiring particularly close supervision in the immediate post-operative period, either because of severe shock or for other reasons. Since the number of beds is small, priority is to be given to cardiac cases, as it was the difficulty of accommodating these in the main wards which led to the provision of recovery beds.

The circulation of the *Gazette* is now 5,100 copies per issue. We are assured that most readers of the *Gazette* turn first to the Births and Marriages columns; no charge is made for announcements, so please send us these welcome items of news; the back page offers an ideal way to keep in touch with contemporaries.

As the new telephone exchange takes shape in what was once the take-in flat, the Hospital's telephones are being re-numbered. Departments which have grown slowly, and have acquired several unconnected numbers, will be given a sequence, so that a caller dialling an engaged line will be automatically connected to the next in sequence. Re-numbering of the wards and departments in Guy's House is also to be undertaken, as they will retain the same numbers when they move across Great Maze Pond.

The Report of the Ministry of Health joint Sub-Committee on the Control of Dangerous Drugs and Poisons in Hospitals contains many carefully considered recommendations, some of which are already in force at Guy's, while others differ from our usual practice. The recommendation that the abbreviations "p.r.n." and "s.o.s." for drug dosages be dropped because they are ambiguous, is difficult to resist, but has not yet been publicized here. The sub-committee also recommends that checking of drugs be invariably carried out at the bedside just before administration, and not at the drug cupboard, possibly some time before they are given. This suggestion has its opponents, but it has undeniable force, since mistakes would seem to be made less likely by implementing it; this method is therefore now on trial in selected wards.

The annexe, tucked in between Out-patients Hall and Great Maze Pond, has recently been eviscerated and reconstructed; the "male" side now does duty for both sexes at suitable times. Where the ladies were used to repair, the X-ray department has extended its territory, with a *bijou* waiting-room encroaching on Out-patients Hall (alas, it looks more like a larder or a broom cupboard). This is part of the inevitable musical-chairs before New Guy's House is available; we understand that the ladies' annexe will eventually be housed in Front Surgery, when this department has crossed the road.

GUY'S DIARY

APRIL			Exhibition. Department of Surgery. *Burns.*
27th	M	1.00	Sir Russell Brock. Clinical Lecture. *Mediastinal Tumours.*
28th	T	1.00	Mr. P. H. Schurr. Clinical Lecture. *Neurological Complications of Otitis Media.*
MAY			Exhibition. Department of Surgery. *Varicose Veins.*
1st	F	1.00	Dr. A. C. Hampson. Clinical Lecture.
5th	T	1.00	Mr. F. R. Kilpatrick. Clinical Lecture.
8th	F	1.00	Dr. A. H. Douthwaite. Clinical Lecture.

NOTICES

FISON MEMORIAL LECTURE

The Fison Memorial Lecture will be delivered by Sir George Thomson on "The Principles of Physics" in the Physiology Lecture Theatre, Guy's Hospital Medical School, on Tuesday, 12th May, 1959, at 5 p.m. Tickets are obtainable from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1.

PAEDIATRIC POSTGRADUATE WEEK-END COURSE— EVELINA CHILDREN'S HOSPITAL

Week-End Course, Saturday, 6th June, to lunch-time Sunday, 7th June, 1959. There are still some available places for General Practitioners on this Course, and application should be made at once to :

Hospital Secretary,
Evelina Children's Hospital, S.E.1.

CHRISTMAS CARD COMPETITION

Entries are invited for a competition to design a Guy's Christmas card, in which the *Gazette* Committee will award two prizes, of ten and five guineas, for the best line or wash drawings received. Dr. W. N. Mann and Mr. J. S. Tomkinson have agreed to act as judges. Competitors are invited to bear in mind that their design should have some link with the Hospital. The closing date for entries, which should be addressed to the Editor of the *Gazette*, Guy's Hospital, S.E.1, is Friday, 1st May.

OBITUARY

REGINALD CHARLES MORGAN, L.D.S.Eng.

Reg. Morgan qualified from Guy's in 1909 and immediately settled in practice in Paignton, South Devon. He was Dental Surgeon to Paignton and General Hospital. He took great interest in the affairs of the B.D.A. and was President of the Western Counties Branch; he also made himself very useful to his colleagues because of his careful study of the regulations relating to Public Dental Service. Morgan was an unassuming man, who did a great deal of good in a quiet way.

F.N.D.

THE PHOTOGRAPHIC DEPARTMENT

By C. E. ENGEL, F.I.B.P., F.R.P.S., F.B.P.A.

One sign post in the Park carries the words "Illustration Department" and points vaguely in the direction of the Works Department. Perhaps it is Cerberus, in the shape of the post-mortem room, who deters the curious from penetrating beyond the Guy's Shop and the Dental School. However, the Illustration Department with its graphic and photographic sections does exist as the youngest member of the Medical School. The photographic department has a staff of three photographers, a skilled projectionist and mechanic, and one secretary. Its office, two studios, and three dark rooms are spread over 2,200 square feet on the first floor and in the basement of the Old Pathology Block.

The origin of the department is lost in the more spectacular birth of radiology, when, towards the end of the last century, a local photographer was called in to process the radiographic glass plates. The same gentleman would, on occasion, take a photograph (fig. 1) of a patient. Since those early days the names of several ladies are on record for their photographic services to the Hospital. Some were primarily employed as radiographers.

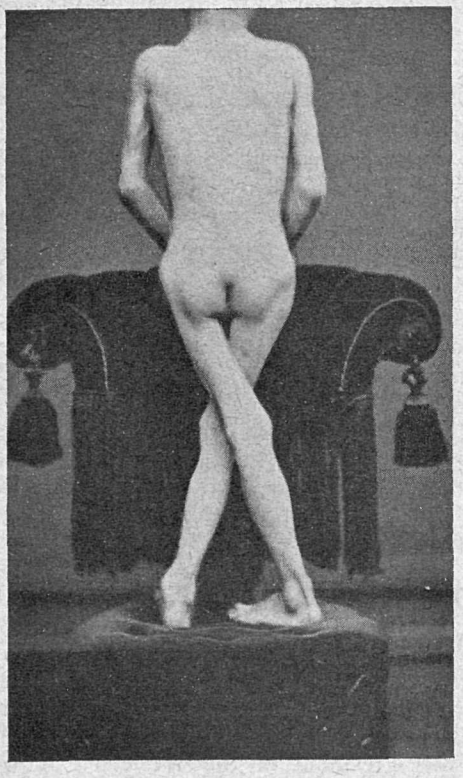

Fig. 1. Cross-legged Progression.
Part of an exhibit by R. Clement Lucas, B.S., F.R.C.S., shown at the International Medical Congress 1881. (*Trans. clin. Soc.*, 14, 20 (1881)).

Dr. T. Hills and Mr. Grant Massie were the last two directors of the department before it was transferred from the Hospital to the Medical School, just before the National Health Service came into being. The liberal and "unseen" guidance of the late Professor Willis is characteristic of the policy which has permitted the department to grow to its present structure and function. In 1947, in one large room with two darkrooms, on the third and fourth

floor in Hunt's House, some 600 patients were photographed. In 1958, with the same number of staff, 1,423 patients were recorded photographically. The move to the Old Pathology Block, in 1950, created space for additional apparatus and for a more rational division of labour. However, the meteoric rise in work could only be absorbed successfully by experimentation with new methods and new materials. The generous support of the Medical School and the teaching staff has made it possible to develop systems[1] of recording which have since been adopted by other hospitals and medical schools. An entirely new camera (fig. 2) has been developed together with the photographic department at Westminster Medical School[2], so that colour or black-and-white 35 mm. transparencies on reversal film can now be made with minimum expense of time and material, in comparison with the more orthodox method of producing prints from negatives. The figures for 1951 and 1958 (Table I) may be interesting in this respect.

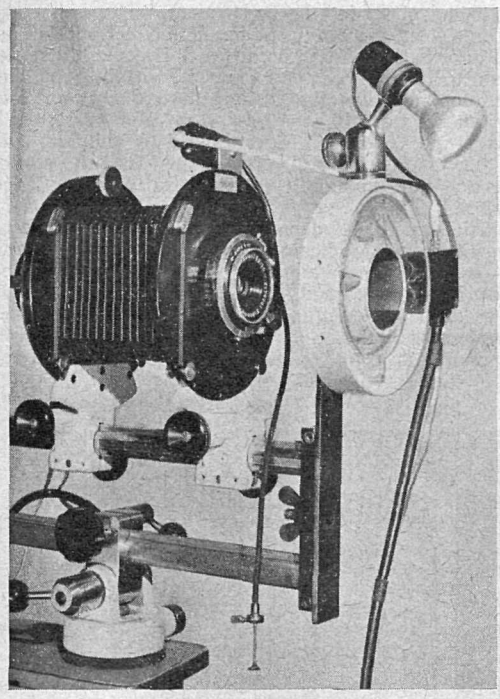

Fig. 2. 35 mm. K.I. Monobar technical camera, here shown with electronic ring flash illuminator for cavity photography.

TABLE I

COMPARISON OF PRINTS AND SLIDES

	1951	*1958*
Prints from negatives	6412	3936
Large slides from negatives	1316	815
2×2 in. black and white direct reversal slides	12	2404
2×2 in. colour direct reversal slides ..	1463	4914

At the present time experiments are being carried out with the American Polaroid Land camera and film. This equipment makes it possible to take the finished print from the camera within two minutes after the exposure has been made. It will be apparent that judicious application of this system can lead to greater productivity with limited staff in a given space of time. It has already

proved effective for the preparation of prints which are in every way like the radiograph which has been copied. Similarly, excellent black and white prints can be obtained from colour transparencies.

This tendency to simplify the photographic process and to standardize procedure as far as possible will shortly be taken one step further. A new device has been designed and is now being made for the department. This will make it possible to suspend the cameras from the ceiling of the studio. They will, as it were, float in mid-air. Two pilot lights, on the Dam Buster system, will superimpose on the centre of the field to be photographed when the image is sharp in the camera. The exposure is then made with electronic flash discharge tubes with a flash duration of 1/2000th second. It will thus be possible to follow a patient whilst taking the photograph, a distinct advantage with children and patients who normally find it difficult to keep still. It is hoped that the photographer will then be able to concentrate his entire attention on the patient and obtain records of real clinical value.

The responsibilities and activities of the department have been permitted to grow considerably since its transfer to the Medical School. Well over a thousand patients from the wards and from the out-patient department continue to be photographed each year. Whilst most of the resulting prints and slides are purely for record purposes, many are used for teaching, and a not inconsiderable number may be regarded as potential research material. One copy is sent to the consultant who has requested the photograph, and a second copy is retained in the department's library.

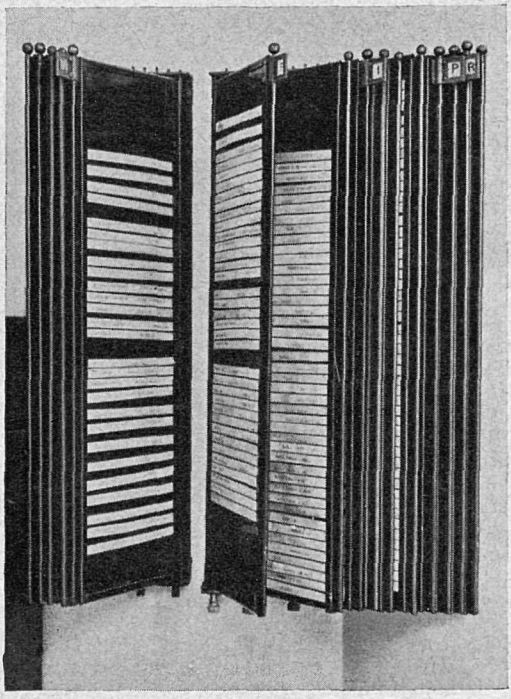

Fig. 3. Wall index showing all available conditions in alphabetical order, and where the appropriate examples are filed.

Films.

Amongst the London medical schools Guy's is almost certainly the only one with a full-time, trained film projectionist. Some three hundred films are shown annually. Apparatus is available for the editing and repair of existing films.

Through the generosity of the Department of Biology an analysing projector, which can show films at 16 pictures per second, at 2 frames per second or as individual stills, is stored in and made available from the department. Various slide and film projectors can be borrowed in the same way. The projectionist is also responsible for maintaining a number of 35 mm. transparency viewers which are located in the Hospital and School.

With a versatile film camera and an animation bench several clinical record films and one or two major films are made each year. "An Introduction to Human Dissection" for the Department of Anatomy and "Treatment of Cardiac Arrest" for the Department of Thoracic Surgery were completed during 1958. Some of these films have received international recognition. Many of them have been purchased by libraries in this country, in Germany and the United States of America, and by the British Council for distribution in other parts of the world.

Library.

The system employed is perhaps best illustrated by fig. 4. It is possible to find all the photographs of any one patient, as well as all the illustrations, whether black and white or colour, of any one condition. The transparency files contain almost 20,000 separate slides, and the black and white print collection exceeded this number some time ago. A comprehensive cross-indexing system ensures that a record can be found, whether a synonym, an epinym, cause, effect, or treatment are asked for.

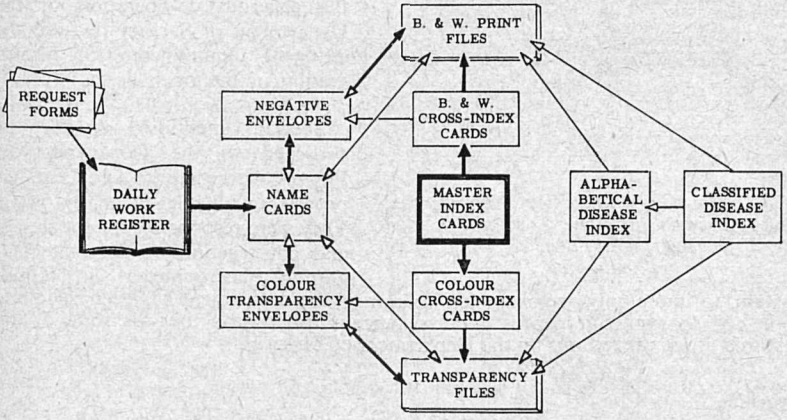

Fig. 4. Scheme for the filing and indexing of patients' photographic records.

A wall index (fig. 3) lists the conditions in the library in alphabetical order, together with the code under which the respective disease is filed. This enables members of the teaching staff to locate the files in which they are interested with minimum delay. Each slide and print is marked with a number and letter which refer to the original negative or slide, so that further prints or slides can be made. The library may thus be regarded as a reference collection. It is also used daily by the photographic staff to ensure that repeat photographs are taken to the same scale and from an identical view point.

Co-operation with other departments.

Although the department is naturally not anxious to jeopardize its production capacity in favour of developing and printing films exposed by others, it is fully aware that it cannot possibly fulfill all the photographic requirements in the School and Hospital. Catalogues and specifications of apparatus and equipment are

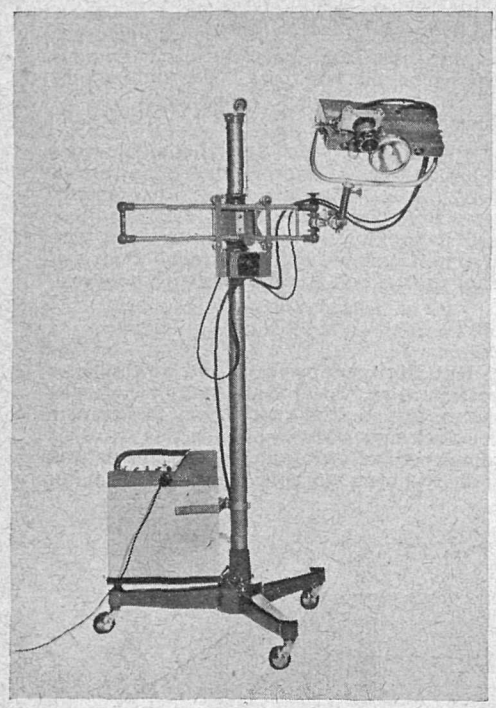

Fig. 5. The Guy's-Maudsley Neurosurgical Unit semi automatic camera, with two "dam buster" focusing lights and electronic flash illumination.

filed, so that advice can be offered on methods, techniques and materials. In two instances it has been possible to design or arrange apparatus in such a way that the operation of the equipment is now largely automatic. The Department of Bacteriology has a 35 mm. technical camera which is set up to produce standardised records of cultures in test tubes or in Petri dishes[3]. A semi automatic surgical camera (fig. 5) was designed and manufactured for the Guy's-Maudsley Neurosurgical Unit. Both cameras use reversal film, either colour or black and white, so that the processing can be left to outside laboratories. A simple combination of portable electronic flash with a 35 mm. reflex camera has been assembled with the generous co-operation of the Department of Surgery to fulfil the stringent requirements for photography of the open heart.

Special mention should be accorded to the Department of Physics whose advice and help has proved invaluable in many ways. They were responsible for the design and construction of the first integrating flash meter[4] in Great Britain, to quote only one example. In return, the department has been fortunate to be able to supply apparatus and assistance in other ways towards some of the research work carried out by the Department of Physics[5].

Teaching.

It has been recognized that the department may, as a part of the Medical School, devote a proportion of its time to the preparation of teaching material and to actual instruction. The reference library of prints and slides has already been mentioned. This collection of teaching material is used on numerous occasions to supply illustrations for lectures, papers and for textbooks. A reciprocal arrangement with a specialized hospital and with a commonwealth medical school makes it possible to add to the library examples of conditions not normally seen at Guy's. Special apparatus has been built, as for instance a loop film projector for use in practical class demonstrations[6]. Film pamphlets[7] are prepared, when required, to accompany films made by the department.

Student radiographers come to the department for practical training, and a series of lectures in the theory of photography are given as part of their course. It is a particular pleasure to record that the Medical School have given permission for the department to participate in the running of the London School of Medical Photography. Each year a number of students from this country and from abroad come to Guy's for instruction in specific aspects of medical photography.

The department has also been able to satisfy requests for advice on organisation and techniques from other hospitals and universities, as well as from overseas universities and government agencies.

Investigations.

The department is particularly fortunate, in comparison with similar units in other hospitals and universities, to have the facilities and opportunities to carry out trials on its own account. An enquiry into the availability of infra red sensitive emulsions and techniques[8], a current comparison of existing colour materials, the evolution of new apparatus [9, 10] and techniques [11, 12, 13], may be cited as examples. Perhaps the most interesting experiments have been in connection with the problem of close-up photography of the skin[14] (fig. 6).

This brief survey of the department's activities will, it is hoped, give some indication of the diversity and interest of photography within the Medical School and the Hospital.

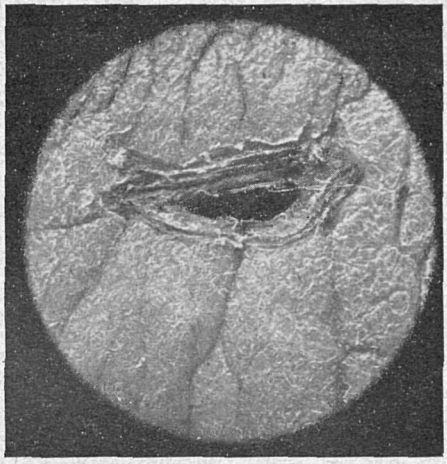

Fig. 6. Healing skin abrasion on dorsum of finger, fourth day. Magnification x 10 (at present).

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OBITER DICTUM

DR. J. B. CAVANAGH : "Of course, it's really very difficult to write books about things we know nothing about."

'The Summit'

By DRUMMOND RENNIE

The snow was melting; the Governors were meeting.

Three half ran, half skipped along and disturbed pigeons as he fell down the icy steps at the far end of the Colonnade. Silly Governor ! He limped across the snow covered Park to the tent and squeezed past the snow-covered partisan from the Works Department, who was leaning shakily on guard, his lantern jaw glowing with alcohol. (He keeled over).

Three thought 'how wonderful to be alive in S.E.1 at the end of winter !' and this is what he wrote in his diary. He dreamed fantastic dreams, he dreamed the war had been over fifteen years ago, he dreamed that some day they would have a real room all to themselves.

Chairman: 'Jelly-baby ?'

Three: 'Thank you very much.'

The Governors looked at the sheet of paper with the names of the applicants for the new job.

Outside the old black hospital squatted hopefully; students rested.

The Governors lifted their eyes to their passionate Chairman, who said, vibrato—

Chairman: 'Bring him in'.

Presently a tall man, bending low as he came in to the tent, stalked in before them and sat down on an uncomfortable shooting-stick facing the discretely slavering Governors.

Chairman: 'Dr. Zhivago ?'

Dr. Zhivago: 'Yes'. He had a slight Uzbekh lilt.

Six: 'Let us sear him, search him, wither him with piercing, harrowing-marrowing questions'.

(Six had been at the tea again).

Four: 'I'll fail you ! Why are you doing Medicine ? Answer me that !'

Dr. Zhivago: 'My father committed suicide . . .

Two—with pride—: 'So did my registrar !

Dr. Zhivago: 'Abruptly I was left the decision. Faced by the spectre of his useless end and moved by the greatness of this, the first lonely act of my life, I resolved that, as I dreaded the finality and consequence of the act, by so much the more should I make it decisive. I was stirred by the prospect of utility, epitomised in this science whose aim is to generate usefulness. Medicine was the history and the present of a million lightening the bodies and, therefore, the souls of a thousand times as many. Usefulness to the point of genius, the mould for my existence, the canvas upon which . . .'

Chairman: 'Quite so, and there it is.'

Dr. Zhivago: 'My qualifications ? My friends published my book 'Pastenak' when I was in the salt-mines. I yearned to embrace and to express the human situation. Beauty, disintegration . . .'

Chairman: 'And there it is.'

Dr. Zhivago: 'I was awarded a Nobel Prize. I refused it. My countrymen, who saw perhaps less clearly than I, were offended . . .'

When he had gone they assessed him critically.

Four: 'But can he cope? The epidiascope ! How do we know he could put up with that ?'

Two: 'My registrar could cope. He knew lots. He was statistically significant.'

Two slid to the floor, perforating a hollow viscus.

Chairman: 'Think of the poor students . . .'

Five: '. failed Nobel . . .'

One: '. . . as good as a mile . . .'

Three: ' . . . begin at Calais . . . brown shoes ! . . .'

Six: '. . . but you know where you are when a chap's got Conjoint . . .'

Chairman: 'M.B. ; B.Chir. ; M.R.C.P. ; L.R.A.M. . . .'

On their way home, full of buttered tea cakes, they had a snow-ball fight.

They gave the job to Humbert Humbert, a monster who was engaged to Lolita, the five-year-old librarian at Tunbridge Wells. He was on probation for demonstrating at an Anatomy Class. A splendid creature, he made a diagnosis quite early on in his appointment.

Guy's New House
April, 1959.

A view of the South face of the building across Snowsfields, Hunt's House is out of the picture to the left.

Photo by] [*M. S. Wirk*

CORRESPONDENCE

Letter to the Editor of the Gazette

Guy's Hospital Rugby Club

SIR,—The last two issues of the *Gazette* have contained correspondence concerning the future of the Rugby Club. There is reason to suppose that this will soon deteriorate into the classical Brains versus Brawn squabble. May I, as next year's Captain of Rugby put my own point of view.

Students at Guy's have been playing rugby for well over a century. They formed themselves into the first Club in the world, outside Rugby School, twenty years before the Rugby Union was founded and shortly before Richard Bright retired from the Hospital Staff. Some of the earliest International sides contained Guy's men and in 1876 there were three 'caps' in the Hospital side—this was the year in which players were restricted to fifteen a side. A Guy's man helped in the formation of the Rugby Union. In the next ten years there were four more international caps while the 1883 side contained not only an England player but also the person responsible for restarting the *Gazette*, and its first editor ? In 1887 the complete threequarter line played international rugby under the captaincy of Alfred Fripp (later Sir Alfred, and Physician to the Prince of Wales). Mitchell (7 England caps), Jordan (Wales), and Evans (Scotland), were included. Out of this team 3 were later elected to the Consultant Staff of the Hospital. One of the earliest consultants to play rugby for the Hospital was Charles Higgins (1864). He was also a boxer and when he retired from the post of Hospital Oculist, at the age of 60, he fought an exhibition bout with Jem Brock the famous lightweight champion. The year before Sir Frederick Taylor was a member of the side. In 1897 out of 22 Housemen 11 held colours, 5 were cricket captains, 3 rugby captains, and one a tennis captain. The President of the Residents had been captain of all three sports. Two years later Teddy Morgan came to Guy's. He played 16 times for Wales and is still a legendary figure in the "valleys".

Guy's was a founder member of both the Surrey and Kent Rugby Unions and in 1901 seven Guy's men played in the Surrey versus Kent game. Next year Guy's beat both Cambridge and Oxford and retained the cup. Ralph Thompson, a member of the side, later became G.U. Consultant at the Hospital. Three members of this side played International rugby, nine for their counties and next year five toured Australia with the British Isles team.

In 1905, E. G. Slesinger was a member of the side and later became senior surgeon at Guy's. All the forwards played County rugby and three later became Internationals. Alcock played for Surrey and England and in 1924 he was elected President of Gloucester, a post he still holds. A Guy's man and Welsh International is at present President of Cambridge University Rugby Club.

In 1909 a National newspaper ran a series on "The Hospitals and the Rugby Game". They said of Guy's "There are no finer forwards in England". Fifty years later after a 45-0 defeat at Coventry we were dismissed as unworthy opposition, "a team of schoolboys".

W. D. Doherty played for Cambridge against Guy's in the pre 14-18 era and joined Guy's to become captain of a side which was unequalled in England. He played for Ireland himself, Davies played for Wales and four players had England trials. We were unbeaten in 1921 by any London Club, we scored 467 points against 162 and ended by winning the cup by 42 points to 6.

Since these days the club has suffered the usual reversals of fortune but it has continued to produce players of County standard with the odd International. There is a great deal more to the history of the Club for which there is not space but I am indebted to George Winston for most of these facts. The Bicentenary number of the *Gazette* is also a useful source of information.

Sufficient, however, has been said to illustrate how the history of the Rugby Club is part of the history of the Hospital. Our present problem deserves more than the superficial analysis and cheap sarcasm of Mr. King's letter.

Nor is it simply a question of "Guy's name in the Rugby World" as Mr. Wyard puts it. Any Guy's man who disgraces himself in his practice, the courts, or in his hospital pastimes is bringing discredit on his hospital—not on one of its dismembered parts.

The name of Guy's in the past has been made internationally famous on the Rugby field, and many of the men who did this went on to win distinction in academic spheres. But it is not only past glories which haunt us. We have

inherited from those times a fixture list on a national scale and our games are reported in the national press so that the prestige of the Hospital is now, as then, intimately entwined with the failure or success of the Rugby team. On a purely hospital level we cost the United Clubs' hundreds of pounds annually and there is a vast empty stand at Honor Oak, once a potential source of income, and now no more than a monument to the days when 2,000 people saw Guy's beat the Harlequins.

The Rugby Club is a 'closed' club competing against sides whose membership is unlimited. In the final analysis the selection committee is not only selecting our future doctors and dentists but our future rugby team also. If they fail to acknowledge that the rugby club has special traditions and a unique standard to preserve they should intimate strongly, and in public, that they intend to give the sport no preference. Our fixture list is made three years in advance and extends back 40 years. The responsibility for lowering the standard cannot rest with an individual captain. It will be only too easy and irreversible a process to find ourselves playing Clapham and not Coventry but it would surely be better to make a sudden end than to prolong this slow demise by turning a blind-eye and waiting for the players who never come. Because they have failed to do one thing or the other these committees have failed in their duty to the Hospital. It is a direct result of this that Guy's has the worst playing record of any club in the country. It is an embittering business to find that we are humiliating ourselves and our Hospital weekly because people have not the breadth of imagination to see that what is wanted is not unfair consideration for an array of athletic morons but a sense of responsibility to existing tradition to the extent where outstanding men in all fields are encouraged to enter the Hospital, and that a few of these should be athletes.

One suspects that the root of this problem is a psychological revolt from the 'athletic type'. It is a paradox that while many claim that rugby in our schools has a part to play in character building those who continue to play it are often assumed to be morons bereft of all cultural sensibilities. One has only to consider the names of consultants, past and present, to see that rugby does not detract from the 'whole man'—on the contrary the evidence lies all the other way.

Particularly in this Hospital Rugby is feared because it is suspected of securing privileges for its adherents. And yet there is nothing to support this view—far from it, for our own sign-up system seems designed mainly to benefit the diligent syncophants. Those rugby players who came to this Hospital from Cambridge have in some cases already turned down the offer of scholarships to a different London hospital. Since, quite rightly, we offer our rugby players no privileges or scholarships we can only expect to attract them because Guy's is a better hospital. The question of what makes it a better hospital is not an easy one. I do not believe that it rests solely on the academic factor alone but more on the presence of outstanding achievement in all fields, of which Rugby is one. As Cameron says in his life of Bright at Guy's, "The well being of a medical school depends upon its power to attract a steady flow of students who carry with them the potentials of greatness".

Many people believe the present system of selection at Guy's has resulted in a hospital filled with students who are interested in little and who do nothing. Jacks of all trades and masters of none (but they may still in a narrow way make "good" doctors). In this rugby is certainly not the only aspect of hospital life to be suffering, but it is suffering most because of its high standards.

I am not suggesting that the problem of selection are easy ones. One assumes from Mr. Wyard's letter that the selection committee is able in a ten minute interview to assess the potentialities as the 'best doctor or dentist' of a 17 year old schoolboy, immature, shy and awkward. What methods do they employ ? A trained psychiatrist after an hour long interview might or might not correctly predict this schoolboy's developing potential. A potted version of the attempt by "an occasional member of selection committees" is even more likely to go astray.

On the other hand give me a 17 year old international schoolboy rugby player and I would predict that the confidence, ambition and intelligence necessary to attain that status in one field would sustain him throughout his later years in medicine.

We all realise that the present system is not ideal. The present Hospital community is not better than it was years ago. From a rugby point of view there are more students but less capable players, and almost no spectators.

I believe that the safest and fairest way of judging a candidate is not on the poses which he may be capable of adopting at an interview but on his achievements and an analysis of the qualities which have made them possible. I am not advocating a change in the interview system but a swing in emphasis. It seems that at present this is laid mainly on faulty methods of assessment whilst minimising achievement.

The Selection Committee owe a responsibility to all the individual aspects which make a whole hospital. This responsibility is particularly heavy with regard to the Rugby club because of our traditions and influence on hospital prestige. We ask that in a few cases people of real sporting achievement should be sought, and for good reasons selected. As a member of the hospital community as a whole I hope that this system could be extended to all spheres and that the hospital would benefit in the attraction of further talent.

As Mr. King says the standard of medical students, like Punch, may not be what it used to be. Over this same time the standard of Rugby has deteriorated. Perhaps the selection committees are getting the students they deserve. That is why we have at Guy's such a dense wood so devoid of interesting trees.

Yours etc.,

B. BLACKWELL.

Guy's Hospital, S.E.1.

SIR,—It is disquieting to those of us who look eagerly for a Guy's success in the Sunday papers, to know that S. J. Wyard is an occasional member of selection committees for medical students.

No one would contradict the fact that the prestige of Guy's in the Rugby world (or other non-medical activities) is slightly less important than the production of the best doctors and dentists. However, it has surely been shown time and again that the one usually leads to the other. If the writer and others who think like him are encouraged to believe that "success in other fields is irrelevant", then the Guy's of the future would seem to be doomed to a dull population.

Yours etc.,

A. A. CRAIGEN.

291, Hills Road,
Cambridge.

MOTORING CLUB

Driving Tests : The Motoring Club is holding its annual driving tests on Sunday, 10th May, at Heston Aerodrome, Hounslow, Middlesex. They are arranged to test the *skill and judgment* of the driver and will *not* require rapid acceleration or fierce braking. A far larger proportion of marks will be lost for errors of judgment than for time taken. Cardboard boxes will be used as obstacles throughout. *Entries* of 5*s.* per student and 7*s.* 6*d.* per ex-student or guest driver, 10*s.* per entry after 5 p.m. on the 6th May with details of cars, to : the Secretary, J. Neale, c/o Front Lodge.

Dance : An informal hop will be held in the Student's Union Buildings on Saturday, 2nd May from 8—11.30 p.m.

Whitsun Rally : The next Rally will be held on Saturday, 23rd May, and will start from the Car Park at 5.15 p.m. It will cover a distance of approximately 50 miles and will finish at the "Royal Oak," Green Street Green, Orpington, Kent. Ordnance Survey Map 171 and the usual navigation equipment will be required. *Entries* of 5*s.* per car before Wednesday, 20th May, to J. Neale, c/o Front Lodge.

GAZETTE INDEX, 1958

The *Gazette* Index for 1958 is now available, free of charge, on application to the Wills Library or to the *Gazette* Office.

SAILING THIS YEAR?

Once again Spring is upon us and many Guy's men and women have been busy refitting and repainting the boats. All the boats are now riding at their moorings, awaiting your presence. Sailing is a rapidly growing sport and we at Guy's comprise quite a large and very enthusiastic crowd. For those who are newcomers amongst us, I intend to say something about the organization of the Club and some of our many activities.

Guy's is affiliated to the United Hospitals' Sailing Club as are all the London hospitals. They own a club-house and a fleet of International 12 sq. metre Sharpies at Burnham-on-Crouch. These boats are the beginnings of a new fleet and all the boats we own were used in the last Olympic trials, one of them being the final choice for Melbourne and gaining England a bronze medal, so their performance needs no higher recommendation. At the present time we have seven boats and are in a position to increase our fleet as is necessary. However, there is sailing of every kind at Burnham and U.H.S.C. members have many opportunities to sail with members of the Royal Burnham and Royal Corinthian Sailing Clubs and in Ocean Racers. The charges for membership and accommodation at Burnham are extremely reasonable and we can genuinely offer you the cheapest and some of the best sailing in the country.

A typical week-end programme consists of an inter-hospitals' race on Saturday morning, followed by a points race for everyone in the afternoon. Sunday is devoted to cruising, this giving ample opportunity to those who have never done any sailing before to learn the ropes I would like to emphasize that we do welcome very warmly all those who have done very little or no sailing before, our aim is to teach you and this is the best opportunity you will ever have. Those who started learning this winter are especially expected.

In addition each hospital organises its own regatta for its own members and this year our regatta is on May 25th and 26th, being arranged early in the year in the hope that the weather clerk will be just as kind as it was at the same time last year and that no one will have an excuse for missing it. These two days are tremendous fun and last year the clubhouse was packed to capacity. This is a marvellous opportunity for newcomers to come down amidst a Guy's atmosphere to see just what Burnham is like. The programme is to include a race for the Ogilvie Cup, presented by Lady Ogilvie, whom we sincerely hope will be with us again this year to congratulate the winner; this race will be sailed on the morning of 25th May. After this one serious event we aim to do as much teaching as is possible. Last year our fleet was swollen to include seven Sharpies, three U.H. one designs, three Royal Corinthian one designs and a National 12, this fleet making a grand sight cruising up the Crouch. We sincerely hope to do as well this year and, weather permitting, two wonderful days are just ahead of us. Bill, the Club Steward, will as always provide even the hungriest mouths with the best possible sailing fare.

Well, this is only a brief introduction to our Sailing Club. A type of membership exists for everyone who is a member of Guy's whatever your department and anyone who is interested in becoming a member is extremely welcome to come down first as a visitor. I will gladly answer any queries you may have with regard to your own membership or the club, and arrange for newcomers to be taken down to Burnham, introducing you to a very jolly and happy crowd of people.

J. Ll. W. *Hon. Sec. G.H.S.C.*

PEDAGOOGLY.—XX

Anxious mother, aching leg,
Which is chicken, which is egg ?
Erythema marginatum
Justifies Mum's nervous statum.

REVIEWS

Health in Industry. By DONALD HUNTER. A Pelican Book. Pp. 288+18 illustrations. Penguin Books, London, 1959. *Price* 4*s*.

The publication of the cream of medical textbooks as cheap 'paper backs' to be bought on every station bookstall will be welcomed by all students. The appearance in this form of *Health in Industry* will be applauded particularly by those who have eyed Dr. Hunter's monumental (but very expensive) Diseases of Occupations and wished they could afford it. Here is the next best thing to that great book, and to it Dr. Hunter brings his individual style and a surprising amount of the humour as well as the contents of the larger work. The result is one of the best of Pelicans.

The rapidly increasing complexity of our social and physical environment produces hazards in plenty. Today they are sophisticated hazards; from radiation, from complicated toxins, from over-eating, and from the boredom of the assembly line. In the past they were cruder, tougher and much more easily appreciated. The introduction to this book emphasises the growing need for a wide knowledge of these hazards and shows how the teaching of Social Medicine in general and of Industrial Medicine in particular is attempting to meet this need. Dr. Hunter's book is an important contribution to this teaching and describes how many of the *industrial* hazards are being recognised and overcome. An historical review is followed by a partly tabulated presentation of what we have achieved today: the current legislation designed to ensure the health of the worker. This summary is followed by excellent descriptions of the major problems of industrial accidents and poisonings. The book ends with a miscellany of important and difficult industrial conditions: cramps, nystagmus, infections, radiation damage and industrial skin diseases are described and their control discussed. And, as if this were not enough, there are 17 interesting (though not perhaps very useful) photographs, a considerable bibliography and one of the very best of indexes.

Guy's has special mention in this excellent book because of its unique place in the history of British social medicine. Thackrah, whose great work was published in 1831 was at Guy's for several years. John Ryle, first professor of social medicine, was of course a Guy's man and the present holder of the only chair in Industrial Medicine, Ronald Lane, was also at Guy's. With such a background few Guy's students can afford to be without some knowledge of this branch of medicine. Thanks to Dr. Hunter and to Penguin Books all students will now be well able to afford one of the very best text books.

G.W.B.

A Method of Anatomy. By J. C. BOILEAU GRANT, M.C., M.B., Ch.B., F.R.C.S. (Edin.). 6th Edition, pp. 879+vii. Illustrated. Baillière, Tindall & Cox Ltd. *Price* 88*s*.

A book with an individual style and approach is difficult to evaluate for much depends upon the reader. Grant's *Method of Anatomy* has both these qualities and the reaction of its readers varies. The author does not hesitate to use every teaching stratagem, including exaggeration and reiteration, to impress anatomical facts and understanding upon the student. This is a familiar approach to the verbal lecture but less familiar in the cold black and white of textbook print. The use of cognate studies in comparative anatomy and development to explain topographical relationships can only be admired, but the use of locutions such as "G. I. Tract & Co.," and "U. G. Tract & Co.," may be extremely irritating.

The deductive approach of this book entails a distribution of content in which topographical detail is sacrificed to explanation. This sacrifice is becoming more common in student texts and when judicious, as here, may be vindicated. Except for neuro-anatomy, which is not considered, the book contains enough topography for a good general grasp of anatomy and, incidentally, for a qualifying examination. The inquiring student can follow up the references which are given or refer to the more comprehensive textbooks.

In this, the sixth edition, the text has been revised and the new international nomenclature (N.A.P.) has been used throughout.

An excellent introduction to gross anatomy.

C.P.W-S.

De Circulatione Sanguinis. By WILLIAM HARVEY. Translated by KENNETH J. FRANKLIN. Blackwell Scientific Publications. *Price* 22*s.* 6*d.*

Professor Franklin deserves the highest praise for his elegant and exact translation of these two essays and nine letters by William Harvey, published with their Latin text from the "Opera Omina" of 1766 under the title of "De Circulatione Sanguinis", and forming a companion volume to Professor Franklin's translation of "De Motu Cordis" which appeared last year.

The Essays are addressed to Jean Roilan, physician and anatomist of the University of Paris, who, in his "Encheiridium . . ." published in the previous year (1648), had restated the traditional Galenist theory of the tidal movement of the blood in the great vessels, and its passage via invisible pores through the septum of the heart. Harvey introduces further evidence in support of his theory of a true circulation of the blood from that originally presented in "De Motu Cordis", and his spirited exposures of the self-contradictions of Roilan's fossilised physiology make delightful reading.

The letters, addressed to several of his colleagues, relate to his dispute with Roilan, and to Pecquet's discovery (1648) of the Cysterna Chyli and Thoracic duct, and his speculations as to their function.

This selection of his writings represent Harvey at his most mature and one is impressed afresh by his keen perception, clarity of thought, and above all by his passion for facts amenable to proof; "weighing the inventions of Antiquity not in the scales of Antiquity, but in the scales of Truth".

Messrs. Blackwell are to be congratulated on the excellence of the production of this book at so reasonable a cost.

D.N.L.

Fundamentals in Cardiology. By J. B. WILD. Blackwell Scientific Publications, Oxford. Pages 83. *Price* 34*s.*

Dr. Wild, who is Assistant Professor of Internal Medicine at University Hospital, Iowa, has produced a most excellent monograph. By the use of extremely clear diagrams of pressure tracings taken in all four chambers of the heart, with synchronous diagramatic phonocardiographs and electrocardiographs, he leads the reader step by step through the cardiac cycle, explaining the physical signs obtained by observation of the neck veins and auscultation of the heart. In a most lucid manner he describes the effects of alterations in intra-thoracic pressure during respiration on the pressures in the right side of the heart, thus simplifying the difficulty in appreciating the mechanism of variable splitting of the second sound.

Having dealt with the normal state, he then goes on to apply the same diagrams to the various valve lesions, cardiac failure and intra-cardiac shunts.

Few criticisms can be made. It is a pity that the diagrams and explanatory texts are often on different pages; with a little more care in the lay-out this difficulty could be avoided. Not all would agree that there is an increase in splitting of the second sound during inspiration in atrial septal defect.

There is so much that is excellent in this little book, which again emphasises the importance of physical signs in cardiology, that it is unreservably recommended to students and physicians alike. If the fundamentals laid down could be grasped at the first introduction to cardiology many mistakes and much distress would be avoided.

Just one snag, the price is 34*s.* The publishers might perhaps produce a paper-backed volume at a third of the price.

T.R.L.F.

Modern Trends in Anaesthesia. By FRANKIS T. EVANS and T. CECIL GRAY. Butterworth & Co., Ltd.

This book, first published in March of last year, is an attempt to review new knowledge of the theory and practice of anaesthesia and related subjects, and in the words of the editors, to scan the horizon for signs of the direction in which we are moving and upon what lines further advances are to be made. In this worthy but gigantic task it has to a large extent succeeded. Written by a distinguished list of contributors, it contains some 300 pages of interesting reading both for anæsthetists and those who desire some insight into the problems of this speciality. Though controversial in parts, the authors have largely avoided either prejudiced view-points or the too impartial recital of conflicting statements that

renders many books of this sort dull and unrewarding. For those reading for the Fellowship of the Faculty of Anæsthetists there is a wealth of information on topics not yet dealt with in standard textbooks and a comprehensive list of references.

It begins with an excellent review of the relaxant drugs by Professor Paton whose lectures and articles on this subject are well known and appreciated by anæsthetists. It is unfortunate that further research into the action of these drugs produces still further enigmas, but interesting possibilities are raised by work on the effect of d-tubocurarine on the small motor nerve fibre system and its relation to a sleep-like state.

A chapter on the pharmacology of anæsthetic drugs follows and includes an excellent table of the properties of volatile anæsthetic agents. New conceptions of consciousness by Dr. Grey Walter left this reviewer bewildered, but as light anæsthesia plays a large part in modern techniques, anæsthetists will have to interest themselves in this subject and the measurement of consciousness. Under Analgesia and Sedation is a section on the Ataractics, those drugs producing "freedom from disturbance of mind", and while anæsthetic techniques based on some members of this group are not universally accepted, they are achieving a place in premedication.

There follows a section on local anæsthetic drugs and modern views on their mode of action including an interesting reference to the treatment of status epilepticus with intravenous lignocaine potentiated by small doses of barbiturates not sufficient to depress respiration. Dr. Bonica, writing on the place of Regional Anæsthesia in anæsthetic practice gives a viewpoint that is clearly American. Professor A. B. Dobkin contributes an excellent chapter on the control of pulmonary ventilation, suggesting a more precise approach than has been common previously.

Hypothermia and the cardio-respiratory pumps are both lucidly dealt with. The production and value of hypothermia in modern surgery is now firmly established, but the more recent use of cardio-respiratory pumps in this country and America is described and excellently illustrated for those who have not had the opportunity to see the apparatus for themselves.

In an otherwise excellent chapter on the Anæsthetist in the Pædiatric Unit, Dr. Jackson Rees makes some controversial remarks on the premedication of children, in which he suggests that the use of sedatives to produce pre-operative unconsciousness would probably have bad psychological effects, as the child needs to be assured during the induction of anæsthesia of the anxiety which the mother is feeling. This is a view with which I am sure most anæsthetists will be out of sympathy. A small section at the end of this chapter deals with anæsthetic methods in the treatment of the diseased child and on the resuscitation of the newborn.

Dr. E. F. Scowen writes on the Pituitary-Adrenal System and Anæsthesia, a subject which is of increasing importance to anæsthetists. The basic facts concerning this and substitution therapy are well set out, but little help is given in the difficult decision of when the surgical patient without disease or impending removal of the pituitary or adrenals, requires therapy with cortisone.

Dr. J. B. Wyman writes on Induced Hypotension and Dr. H. J. V. Morton on Anæsthetic Facilities. The latter is written with clarity and a simplicity of approach that removes the mystery from this subject, and leaves one with a clear view of the problem. The practice and place of Hypnosis in anæsthesia is discussed by Dr. A. A. Mason. Its possibilities and limitations are well described, but little is said of its dangers which we are assured by other workers, do exist.

Chapters on Anæsthesia and Disease by Dr. O. P. Dinnick, Anæsthesia in Disorders of the Respiratory System by Dr. Patrick Shackleton, and Anoxic States and their Treatment by Dr. B. G. B. Lucas follow, and give current views on these subjects. The book ends with three chapters on research in this country, Scandinavia and America which bear testimony to the vast expansion this speciality has enjoyed since the last war and the bright future it will surely have.

R.J.V.

OBITER DICTUM

AN ASSISTANT HOUSE PHYSICIAN: There's not much difference between Surgery and Medicine—in Surgery you block the foot of the bed, in Medicine the other end.

The Quodlibet Society

8.0 p.m. ON WEDNESDAY, 29th APRIL

STUART HALL

" Amis, Wain, Osborne and post-war Britain."

Seventy Years Ago

From Guy's Hospital Gazette, 27th April, 1889 (from Passim).

"In spite of the dullness, however, there was a big crowd in the operating theatre last week to witness the first case of excision of the Larynx which has occurred at Guy's. The result was most successful, and it must be very gratifying to Mr. Symonds. Our best thanks are due to the patient for so kindly submitting himself to the trying ordeal of an a.m. examination . . . the patient demonstrated the possibility of phonation without a larynx, either natural or artificial."

SPORT

RUGBY FOOTBALL

Guy's v. Old Merchant Taylors

Result—Lost 16-8

In the last match of the season Guy's met O.M.T.'s on the Taylor's ground at Croxley Green These must be one of the most picturesque playing fields in the country, set in the grounds of a large manor house surrounded by trees. With a fine spring day and firm ground one had hopes of an entertaining game of Rugby. However, it proved somewhat disappointing although the game was not without excitement.

Guy's were once again beset with injuries. Pickard deputised for Nicholas in the fly-half position, Williams replaced Blackwell, Gritton came into the front-row in place of Knight, Pagliero made one of his not infrequent appearances at full-back and J. C. Thomas once again proved his worth in the centre in place of Wright.

Guy's kicked off and making use of handling mistakes by the O.M.T.s were pressing in the latter's half. A penalty kick taken by Pagliero went wide of the posts. Taylors taking advantage of a certain degree of lethargy on the Guy's side attacked and looked the more dangerous. Their three-quarters showed some powerful running and the whole line moved with more rhythm than the Guy's backs who were lying too flat. A penalty awarded to Guy's and well taken by Buirski momentarily relieved the pressure. Taylors, however, returned to the offensive and a well-timed reverse pass from the inside centre to his own wing resulted in a try by the latter, which was converted. Both sides produced some good moves which broke down in the final stages through indecisive play. From a loose scrum Baker passed to Leyshon who drew the full-back and timed his pass to Egwuatu perfectly for the wing to score in the corner. A magnificent conversion by Pagliero brought the half-time whistle. Taylors had gained more than their share in the line-outs although Harris had often gained possession of the ball and their forwards particularly the back-row were very quick in the loose.

In the second half Guy's improved considerably. The half-backs combined together and the forwards showed more fire. Taylors broke away from a line-out and good covering by Thomas saved a dangerous situation. Taylors continued to press and one of the centres dropped a goal. At this point Guy's began to look much more dangerous. Boyd making a fine break from an intercepted pass, drew the full-back and sent Leyshon over for a try between the posts. The conversion was charged down ! Guy's continued to attack and failed with a penalty. A cross-kick by Leyshon was gathered by Biggs who passed inside to Thomas who was bundled into touch just short of the line. Pickard making a good break passed to Egwuatu who required two men to stop him on the line. Pagliero then entered the attack and once again Guy's were stopped on the line. A good kick by the Taylors' fly-half to the wing who passed to his centre almost resulted in a try by the latter who was flung into touch by Pagliero and Biggs. Once again Guy's were attacking but Taylors were to have the last say with two lucky breakaway tries.

An unhappy ending to an unhappy season of Rugby for Guy's. Yet several of the later matches give cause for hope in the future.

Team: M. Pagliero; E. Egwuatu, J. Leyshon, J. C. Thomas, D. Biggs; A. Pickard, N. Boyd; J. Gritten, M. Patterson, R. May, P. Harris, G. Williams, A. Lloyd-Edwards, A. Buirski, I. Baker.

THE HOCKEY CLUB

Results of matches played this season are :—

	Played	*Won*	*Drawn*	*Lost*	*Goals For*	*Goals Against*
1st XI	26	10	6	10	51	51
2nd XI	26	16	2	8	91	33
3rd XI	16	7	1	8	28	48
4th XI	10	5	1	4	25	23

The first eleven were unbeaten at the Folkestone Easter Hockey Festival. The second eleven were the winners of the Junior Inter-Hospitals' Cup and attended the Paignton Easter Festival as the "Spirochaetes".

HOSPITAL INFORMATION

GUY'S HOSPITAL AND MEDICAL SCHOOL

JUNIOR STAFF APPOINTMENTS 1959-60

Applications are invited for the following appointments to the Junior Staff of Guy's Hospital commencing on 1st October, 1959, for the session 1959-60. Forms of application are obtainable from the Superintendent and should be lodged with him not later than **21st May, 1959** :—

Anaesthetics
Senior Registrars 2
Registrars (including one at New Cross) .. 3

Child Health
Senior Registrar 1
Registrar (with duties at the Evelina Hospital) 1

Clinical Pathology
Registrars (includes duties at the Evelina Hospital) 4

Dermatology
Registrar (whole-time) 1
Registrar (part-time) 1

Diagnostic Radiology
Registrars 2
Trainee Registrar 1

Ear, Nose and Throat Surgery
Registrar 1

Endocrinology and Radioisotopes
Registrar 1

Genito-Urinary Surgery
Registrar 1

Medicine
Senior Registrar (Exchange Scheme)* .. 1
Registrars 3
Junior Registrars 3

Neurology
Registrar 1

Obstetrics
Registrar 1

Ophthalmology
Registrars (part-time) 3

Orthopaedics
Registrar 1

Physical Medicine
Registrar 1

Psychological Medicine
Senior Registrar (Child Guidance) .. 1
Registrars 3

Radiotherapy
Registrars 2

Surgery
Senior Registrars (one under the Exchange Scheme*) 2
Registrar 1

Thoracic Surgery
Registrar 1

*Exchange Scheme

Medicine
1st, 2nd and 4th years at Guy's, 3rd year in the Bromley Group.

Surgery
1st, 3rd and 4th years at Guy's, 2nd year in the Bermondsey and Southwark Group.

Applications are invited for the following appointments to the Junior Staff of the Medical School for the session 1959-60 commencing 1st October, 1959. Forms of application are obtainable from and should be lodged with the Dean not later than **21st May, 1959** :—

Anatomy
Junior Lecturers (whole-time) 2
Junior Lecturer (part-time) 1

Chemical Pathology
Senior Lecturers 2
Lecturer 1
Anderson Demonstrator of Clinical Chemistry 1

Child Health
Assistant to the Director 1

Medicine
Senior Assistant to the Director 1

Morbid Anatomy and Histology
Lecturers 3
Gull Student 1

Obstetrics
Assistant to the Director (part-time) .. 1

Pharmacology
Junior Lecturers 2

Physiology
Junior Lecturers (whole-time) 2
or
Junior Lecturer (whole-time) 1
Junior Lecturers (part-time) 2

Student Health Service
Assistant to the Director (part-time) .. 1

Surgery
Junior Assistant to Director (Research) .. 1

Applications are also invited for the following Fellowship and Scholarship. Applications should be made not later than **21st May, 1959,** on a form to be obtained from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1.

The Adrian Stokes Memorial Fellowship

The Fellowship is open to qualified Medical Practitioners or Graduates in Science in Pathology or Bacteriology. Applicants must not be more than 30 years of age and must be anxious to carry out further study in Pathology or Bacteriology in any of their branches. The Fellow is required to carry out this study during a period of not less than six calendar months in his year of tenure at a University School or Hospital or other institution, subject to the approval of the School Council, except the School in which he has received his medical or scientific education. The Fellowship is of the value of approximately £260.

The Beaney Scholarship for Materia Medica

Candidates for the Scholarship must have received part at least of their medical education at Guy's Hospital Medical School. The object of the Scholarship is to advance knowledge of Materia Medica (including Pharmacy, Pharmacology and Therapeutics) by supplying the Scholar with the means of carrying on original investigation in these subjects. The Scholar holds the Scholarship for three years and is eligible for re-election. The Scholarship is of the value of approximately £100 per annum.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1847 *9th May* 1959 *One Shilling*

PASSIM

THE imagination of the British public is fired by admirable deeds, and its conscience stirred by avoidable tragedy and misadventure. The British public has nevertheless the most aggravating blind spots. One's heart warms to one's countrymen in their response to common misfortune, to a brave fight by an "under-dog", to *cris de coeur* from those in distress. In affairs of the heart, no trouble is too great to be taken for one's neighbour. But when presented with unanswerable, logical, arguments whose natural consequence must be a voluntary change of routine, or an act requiring a ha'porth of initiative, the British public digs in its heels and inspires utter exasperation, though tinged with a certain respect for its unanimity. Thus when a healthy, popular young footballer fell victim to poliomyelitis, the public accepted his death as a good reason for seeking the prophylactic protection of vaccination. We are all pleased that the public has accepted the need for vaccination, but how much better if it had acted earlier ! The established fact that widespread use of the vaccine has been associated with a fall in the incidence of poliomyelitis in America provides a telling, a compelling reason for the immediate acceptance of vaccination. It has been ignored. Yet now there is a demand for vaccination based on the death of a fit young man. The public knew already that poliomyelitis could kill; it has been given no new ground for action, but it has been awakened and has now made the right move, though belatedly and for the wrong reason.

We, the British public, are thus illogical; we refuse to expend money, time or energy on merely logical grounds, but will generously expend all three for causes which arrest our attention and involve our emotions. This must be realized by those who have to publicize the many scandalous ways in which life is unnecessarily lost in Britain today. The man who dives into the river after a heavy lunch on a hot day, to cool off, knows in an abstract way that death frequently meets others who do likewise—but like the rest of us, he feels immune from statistics. The heavy smoker is unimpressed by figures showing that he is in danger of bronchial carcinoma—he does not deny them, he ignores them. The road-hog and the pedestrian know that the next accident could involve them—*theoretically*. When it involves them practically, it is too late. The public will wholeheartedly endorse safety campaigns, slogans and the rest; it will applaud a speech by the Minister of Transport, and will then drive home at sixty miles per hour through a built-up area. In poliomyelitis, the public has been shaken awake after sleeping through organized

HOSPITAL INFORMATION

GUY'S HOSPITAL AND MEDICAL SCHOOL

JUNIOR STAFF APPOINTMENTS 1959-60

Applications are invited for the following appointments to the Junior Staff of Guy's Hospital commencing on 1st October, 1959, for the session 1959-60. Forms of application are obtainable from the Superintendent and should *be lodged with him not later than* **21st May, 1959** :—

Anaesthetics
Senior Registrars 2
Registrars (including one at New Cross) .. 3

Child Health
Senior Registrar 1
Registrar (with duties at the Evelina Hospital) 1

Clinical Pathology
Registrars (includes duties at the Evelina Hospital) 4

Dermatology
Registrar (whole-time) 1
Registrar (part-time) 1

Diagnostic Radiology
Registrars 2
Trainee Registrar 1

Ear, Nose and Throat Surgery
Registrar 1

Endocrinology and Radioisotopes
Registrar 1

Genito-Urinary Surgery
Registrar 1

Medicine
Senior Registrar (Exchange Scheme)* .. 1
Registrars 3
Junior Registrars 3

Neurology
Registrar 1

Obstetrics
Registrar 1

Ophthalmology
Registrars (part-time) 3

Orthopaedics
Registrar 1

Physical Medicine
Registrar 1

Psychological Medicine
Senior Registrar (Child Guidance) .. 1
Registrars 3

Radiotherapy
Registrars 2

Surgery
Senior Registrars (one under the Exchange Scheme*) 2
Registrar 1

Thoracic Surgery
Registrar 1

*Exchange Scheme

Medicine
1st, 2nd and 4th years at Guy's, 3rd year in *the Bromley Group.*

Surgery
1st, 3rd and 4th years at Guy's, 2nd year in the Bermondsey and Southwark Group.

Applications are invited for the following *appointments to the Junior Staff of the Medical* School for the session 1959-60 commencing 1st October, 1959. Forms of application are obtainable from and should be lodged with the Dean not later than **21st May, 1959** :—

Anatomy
Junior Lecturers (whole-time) 2
Junior Lecturer (part-time) 1

Chemical Pathology
Senior Lecturers 2
Lecturer 1
Anderson Demonstrator of Clinical Chemistry 1

Child Health
Assistant to the Director 1

Medicine
Senior Assistant to the Director 1

Morbid Anatomy and Histology
Lecturers 3
Gull Student 1

Obstetrics
Assistant to the Director (part-time) .. 1

Pharmacology
Junior Lecturers 2

Physiology
Junior Lecturers (whole-time) 2
or
Junior Lecturer (whole-time) 1
Junior Lecturers (part-time) 2

Student Health Service
Assistant to the Director (part-time) .. 1

Surgery
Junior Assistant to Director (Research) .. 1

Applications are also invited for the following Fellowship and Scholarship. Applications should be made not later than **21st May, 1959,** on a form to be obtained from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1.

The Adrian Stokes Memorial Fellowship

The Fellowship is open to qualified Medical Practitioners or Graduates in Science in Pathology or Bacteriology. Applicants must not be more than 30 years of age and must be anxious to carry out further study in Pathology or Bacteriology in any of their branches. The Fellow is required to carry out this study during a period of not less than six calendar months in his year of tenure at a University School or Hospital or other institution, subject to the approval of the School Council, except the School in which he has received his medical or scientific education. The Fellowship is of the value of approximately £260.

The Beaney Scholarship for Materia Medica

Candidates for the Scholarship must have received part at least of their medical education at Guy's Hospital Medical School. The object of the Scholarship is to advance knowledge of *Materia Medica* (including Pharmacy, Pharmacology and Therapeutics) by supplying the Scholar with the means of carrying on original investigation in these subjects. The Scholar holds the Scholarship for three years and is *eligible for re-election. The Scholarship is of the* value of approximately £100 per annum.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1847 *9th May* 1959 *One Shilling*

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THE imagination of the British public is fired by admirable deeds, and its conscience stirred by avoidable tragedy and misadventure. The British public has nevertheless the most aggravating blind spots. One's heart warms to one's countrymen in their response to common misfortune, to a brave fight by an "under-dog", to *cris de coeur* from those in distress. In affairs of the heart, no trouble is too great to be taken for one's neighbour. But when presented with unanswerable, logical, arguments whose natural consequence must be a voluntary change of routine, or an act requiring a ha'porth of initiative, the British public digs in its heels and inspires utter exasperation, though tinged with a certain respect for its unanimity. Thus when a healthy, popular young footballer fell victim to poliomyelitis, the public accepted his death as a good reason for seeking the prophylactic protection of vaccination. We are all pleased that the public has accepted the need for vaccination, but how much better if it had acted earlier ! The established fact that widespread use of the vaccine has been associated with a fall in the incidence of poliomyelitis in America provides a telling, a compelling reason for the immediate acceptance of vaccination. It has been ignored. Yet now there is a demand for vaccination based on the death of a fit young man. The public knew already that poliomyelitis could kill; it has been given no new ground for action, but it has been awakened and has now made the right move, though belatedly and for the wrong reason.

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fanfares of publicity. If the new campaign for road safety is to achieve a like awakening, it must eschew platitudes. We must not again be urged merely to "drive politely", to "observe the Highway Code", to "keep death off the roads". For once, let our complacent public conscience be affronted, annoyed, and stung to action. Gruesome posters or punitive police action may seem unattractive; "not the way we do things". They may be worth a trial, however, for the "way we do things" today carries an equally gruesome and punitive penalty: Guy's men and women, and their patients, will kill and be killed on the roads this year.

We offer our most sincere condolences to Sir Charles and Lady Symonds upon the loss, at the tragically early age of 36, of their son, Dr. W. J. C. Symonds, B.M., B.Ch.; we offer also our deepest sympathy to his widow and family.

The Guild of Ex-Patients and Friends of Guy's held its Annual General Meeting in the Medical School, on 29th April. The Superintendent, Mr. J. B. Blaikley, and the Matron, Miss J. Addison, thanked the Guild and its members for their generosity, and spoke of the challenge presented by the bulk of New Guy's House, where hundreds of patients must be made to feel as much at home as they do today in any of our existing wards. It was a great pleasure to meet again Miss Emily MacManus, the President of the Guild, who had come especially from her home in Ireland to take the chair at the meeting.

We learn without enthusiasm that the peeled tomatoes served in the College are imported in bulk from Bulgaria.

A month ago you were threatened with an essay on "the Flowers in the Park", a theme that tends to recur at this time of the year. This is, however, a topic which we would be loth to lose the chance to mention; and this year the flowers have been particularly lovely. From the entrenched regiment of crimson tulips before the Medical School to the loyal blend of yellow and purple in front of Shepherd's House, by way, dare we mention it, of the golden wallflowers by the Nurses' Home, the Park during this last week has been ablaze with colour. We know that this cannot last, that soon the grass will yellow under the harsher summer light, the planes lose their first feathery foliage, and the air be filled with the dust and odour of the Borough, but we would like to take this opportunity of thanking the gardeners for so forcibly reminding us that it is spring.

The rugby season is behind us; we can now thank our rugby reporter, Mr. K. J. Connolly, for his graphic and constructive reporting of the 1st XV matches. Several correspondents have commended the promptness and readable nature of this year's reporting; we are happy to pass on their bouquets to Mr. Connolly and his able deputy, Mr. J. B. Sales.

On Monday, 4th May, the Medical Records Officer became the Medical Records and Admitting Officer, and assumed responsibility for the procedure of admitting patients. The Admitting Office has, therefore, been moved from Guy's House to the Outpatient Department, where it adjoins the Follow-up Office in the basement. From now on, arrangements for the admission of all waiting list cases will be made by the admission clerks, and medical requests or queries "of a medical nature" will be dealt with by Dr. Caithness.

The Residents' Ball was an unqualified success; we congratulate the organizers, and particularly rejoice that so many housemen were able to relax in such convivial surroundings.

Sports Day has been most enjoyable in recent years. This year the date is Saturday, 30th May, the time 2.30 p.m., the place, the Clubs' Union Ground at Honor Oak Park. Serious and social track events, sideshows and refreshments, music and sunshine, make a splendid afternoon—bring your family and your friends.

GUY'S DIARY

MAY			Exhibition. Department of Surgery. *Varicose Veins.*
11th	M	1.00	Dr. J. J. Fleminger. Clinical Lecture. *Convulsive Therapy.*
12th	T	1.00	Dr. J. D. Dow. Clinical Lecture. *The Abdomen.*
13th	W	3.00	Guy's Ladies Association. Annual General Meeting, in the Medical School. Chairman: Mr. W. D. Doherty. Principal Speaker: Lady Kilmuir.
14th	Th	1.00	Dr. Walter Modell, Physician, New York Hospital (Professor of Pharmacology, Cornell). Clinical Lecture. *The Pharmacologic Basis for the Choice and the Use of Digitalis Materials.*
15th	F	1.00	Dr. W. N. Mann. Clinical Lecture.
		1.00	Professor W. E. Herbert. Dental Clinical Lecture. *Injuries of the Teeth.*
21st	Th	1.00	Dr. D. M. Carnegie. Clinical Lecture. *Anaesthetic Emergencies with particular reference to Cardiac Arrest.*
22nd	F	1.00	Dr. Barton Childs, M.D. (Johns Hopkins Hospital). Clinical Lecture. *The Genetics of Drug-Induced Haemolytic Anaemia.*

NOTICES

GUY'S HOSPITAL CHAPEL

WHIT SUNDAY, MAY 17TH.

7.0 and 8.20 a.m. Holy Communion.

10.45 a.m. Morning Service.

Gifts of RED Flowers from your Gardens would be gratefully received.

STUDENTS' HEALTH SERVICE

Mass Miniature X-ray

The Ministry of Health Mass Miniature Radiographic Unit will be at Guy's on the 13th May and subsequent days for the routine examination of the students in the Medical and Dental Schools.

Before this date, notices will be posted in the Medical School, Dental School, Colonnade and College giving the times of appointments. It is hoped that all students will make every endeavour to attend promptly at the time asked, so that examination may proceed rapidly and efficiently.

"BRITISH COLUMBIA, HOME OF 2,000 DOCTORS

By JOHN DICK, M.B., Ch.B., Physician, Vancouver

Introduction

It is now more than eight years ago since I left Guy's Hospital where I had spent several years in what is undoubtedly one of the finest hospitals in the Commonwealth.

As a Scotsman I always felt privileged to mix with Guy's graduates and to learn from them an entirely different way of life from that North of the Border. Now in British Columbia where I have settled on a permanent basis, I find myself again North of another Border, remembering with pleasure my association with Guy's Hospital and the wonderful people I met there.

It would be possible for me to go on at length with regard to my personal associations at Guy's Hospital but the purpose of this article is to let those at Guy's Hospital know of the general and medical situation out here in one of the really great parts of the Commonwealth. The stimulus for this article came from Sir John Conybeare who I am pleased to hear is still domiciled at St. Thomas's Street and who still, I understand, carries on his usual wide field of activities.

Geography and Climate

It was with real pleasure that we recently had the opportunity of welcoming Sir Hector Hetherington, the Principal of Glasgow University, on the occasion of his receiving an Honorary Degree from the University of British Columbia. In his address at the University Convocation he stated that he felt the first chapter of Genesis should be re-written. Apparently the Lord made Heaven and Earth and according to Sir Hector, He made the West of Scotland first; having seen such good results it transpired that the Lord decided to try the same recipe again. This evidently He succeeded in doing in British Columbia ! At least so the story goes from Sir Hector !

From these remarks you will gather that the geography of British Columbia leaves little to be desired. We have a wonderful province here ranging from a southern tip where the climate is mild during the entire year to the northern parts which are bordering on the Yukon and which are naturally somewhat chillier. We have the high Rocky Mountains where ski-ing, climbing, and associated activities beckon the holidaymaker and where some of the wealth of British Columbia is to be found in deep mining. From there we have the mighty rivers, such as the Columbia and the Fraser, which tumble down to the sea through vast canyons making a passage way for the sockeye salmon, the King of the Pacific, and the fish responsible for a third of our provincial economy. Further to the south we have what is known as the lower mainland, a quiet agricultural area, with little industry in the main, similar to the flat fields of Lincolnshire. The heart of the lower mainland is of course Vancouver, and here half of the population of the entire province is concentrated. Many secondary industries have found their home in this district and it is here that the wealth of the province's forests is processed into pulp, plywood, and allied products.

Industry

Without going into detail, the industrial picture here is simple. Our economy depends on lumber, mining, and fish. Without these this province would be lost, but because of their vigor, many secondary industries have settled here and it may not be long before we have real heavy industry too. Kitimat is world famous for its aluminium works and it may well be joined by steel enterprises soon. There is some shipbuilding and at the other end of the scale, quite a large textile processing industry in relation to the population of British Columbia, which is about 1,700,000 (March, 1959).

Politics

No comment on a province or country would be complete without some discussion of the party politics at present active in the region.

Here in the west of Canada, at the end of the tracks, we have a peculiar brand of Conservatism called the Social Credit Group. This party is in power and, as far as I can ascertain, they seem to be made up of discontented Conservatives who left their main party when its fortunes were slumping under the recent liberal régime.

Being a doctor I have always felt that it is unwise to take up too strong a political point of view but I feel that in British Columbia the profession as a whole is somewhat anti-government because of the party's apparent desire to dominate the profession in its planning. The party is toying with the idea of free Out-Patient Departments and free laboratory facilities to all inhabitants of British Columbia. This is not too popular with the profession at large who believe more in comprehensive prepaid medical plans run by the doctors themselves.

Apart from the Social Credit Group, we have the old Conservative Group who at the moment have regained much of their spark from the Diefenbaker victory of last year, and we also have the liberals who are still licking their wounds after their annihilation last year. The Labour Group which is not particularly strong in British Columbia is called the C.C.F. Party. It is possible that they will gain in strength in the future but at the moment it seems that they do not have the wealth of informed personnel which the Labour Party in Britain has had for many years.

Medical

In discussing the medical situation of British Columbia, I must first point out that medical affairs in Canada are governed by the various provinces separately. Each province lays down its own qualifications and code of ethics and the profession is administered by a College of Physicians and Surgeons for each province. These Colleges are organized under the Medical Act of Canada which ties them all together somewhat loosely. There is a responsibility on these Colleges for maintaining standards of qualifications and for medical ethics, but otherwise the affairs of the profession as a whole are run by the Canadian Medical Association, organized also on a provincial basis, but with a strong national body. Each doctor in British Columbia, once he has his license to practise which is obtained from the College, can then practise anywhere he likes, in any street in town, and in any manner so long as he keeps within the bounds of medical ethics and good treatment. This is in marked contrast to the British scheme and has, I think, more good than bad features.

The hospitals in the province usually give visiting privileges to any duly qualified doctor and he may admit patients when beds are available. This means that both Specialists and General Practitioners are admitting patients to hospital and thereafter are caring for the patients by themselves. The situation in the hospitals therefore, is vastly different from that in Great Britain. This different approach is in many ways a good system because it means that every doctor in the province, who is coming in daily contact with his patients, can keep up-to-date when mingling with the specialists in the hospitals on a daily basis. It also means that he has more standing with his patients because they feel that he is capable of treating them in hospitals. Rest assured that these doctors really are capable of treating their patients in hospitals, for they are vigorously keeping up-to-date with refresher courses and are never lazy in asking for second opinions. If their standards do drop, the Hospital Committees quickly reduce their admitting privileges and thereby offset a waste of hospital beds and prevent any poor or inefficient treatment. This system, while it is difficult to assess on a quick visit to Canada, nevertheless works very efficiently and has been in existence sufficiently long to be fairly well accepted.

The general practitioner is not the only person out in practice in this country and this again contrasts with the Old Country. I myself, for instance, do Internal Medicine and although I am on a hospital staff in this province as a specialist, I also see patients privately outside and treat them in their homes. While this seems strange, it is in line with the general pattern here and I will probably do house calls for many years to come. As a specialist becomes more senior in his profession here, he usually develops more consultation work in the hospital, and therefore he has to limit his house call activity. As he gains the respect of the profession at large, he will develop a practice away from the general run and finish up with a practice and hospital situation similar to most specialists in the United Kingdom. If a specialist, who has passed the appropriate examinations such as those set by the Royal College of Physicians and Surgeons in Ottawa, does not maintain his standards he will not maintain his position in the medical community as a recognized specialist. Again the system may seem haphazard but in practice it works out extremely well. Nobody is allowed to sit in a position of privilege without maintaining the necessary standards.

Prospects and Qualifications

What are the prospects for a Guy's man in British Columbia ?

First of all he must have the necessary qualifications which may momentarily sound dreadful to those still back home in London. As far as I can ascertain at the moment, the qualifications are as follows :

1. He must have a medical degree such as can be obtained at Guy's Hospital.
2. He must do twelve months as an Intern or Houseman in one of the British Columbia Hospitals.
3. He must pass the Medical Council Examinations of Canada, which are similar to the final examinations taken at Guy's Hospital.

While these extra qualifications may seem unnecessary and seem to detract from coming out here, I feel strongly that they should not deter anyone wishing to come out to this wonderful frontier of the Commonwealth. It takes at least a year to get to know the medical set-up in British Columbia and where can one learn this better than in one of the hospitals? During the year in hospital, a new physician can scout around finding just where the best opportunity lies for his particular talents.

The examination is not a thing to be worried about and should be left out of consideration when discussing the possibility of immigrating to British Columbia.

FUTURE

The future of British Columbia is bright. From an industrial point of view it is only beginning to open up. Each vast development in the hydro-electric field, in the fishing industry, in the woods and in the mines, leads to more employment and to the need for a greater population. This has climbed steadily in the past to a million and a half and it will probably climb still higher in the future. The ratio of doctors to patients in British Columbia is fairly high but there is still a demand for more and more doctors. Here, at the University of British Columbia, we are producing at least forty doctors each year, but many of them go to the United States leaving a way open for enthusiastic people from the United Kingdom centres wishing to push ahead in Canada's finest province.

From a hard, financial point of view, there is no doubt that the doctors do better here than they do in the Old Country. From a patient-doctor relationship point of view, I am sure things are better. From a medical education point of view, this province can stand up favourably beside any other centre. There is much research going on in the province, particularly in the field of atherosclerosis and diabetes, and the academic flame burns brightly at the University of British Columbia. Here in British Columbia a real doctor, a real physician, a real surgeon can go ahead and practise his art with little or no state interference and with nothing but encouragement from the general population.

I wish sincerely that we could see more Guy's people out here. At the moment we have a few from St. Mary's, the London, and from St. Thomas's; what we want now are more Guy's people. If any of you feel inclined to venture forth, please do not hesitate in asking for advice, we will always be willing to help a Guy's man.

I trust you have forgotten my part in the Guy's Residents' Play, when I played the part of a somewhat inebriated Scottish medical student ! !

Sixty Years Ago

From Guy's Hospital Gazette, 6th May, 1899

("*In Lighter Vein*")

The Superintendent recently received a letter concerning the admission into *Bright* of a patient 'suffering from ephemeral hernia'. This sounds hopeful enough to be trussed.

CORRESPONDENCE

Letter to the Editor of the Gazette

The Rugby Club

SIR,—On Sunday morning I look at the Rugby Union results and then at the Scottish Soccer League results and I am somewhat saddened to see that the teams I am interested in are faring badly. The leading amateur soccer club in Scotland is second from the bottom of the second league and Guy's Rugby Club results would bring them to a similar position. The reasons for this are probably parallel. Times have changed and with the best will in the world amateur soccer will never be what it was. I know the record of Queen's Park in Scotland (and England) 75 years ago and it reads just as well as that of Guy's Rugby Club as described by the Captain of Rugby. It must be difficult for an institution such as Guy's to accept the change in her Rugby status, just as it is difficult for England to accept her changed position in Soccer throughout the world and for amateur tennis to face up to the fact that professional tennis is far superior to it. I am not discussing the merits or demerits of these changes, but perhaps Guy's Rugby Club will have to adjust itself to a new situation.

Secondly, I believe with the next year's Captain of Rugby that teams fluctuate from year to year and that Guy's Rugby Club will certainly improve on their existing record. I must disagree, however, with his strictures on the present students. Guy's Hospital has a thousand and one clubs and societies and I am frequently amazed at how all of them are carried on by the limited community from which they have to draw. These activities also fluctuate in quality and it is often difficult to determine precisely why that is so. As the Captain of Rugby wrote, a better hospital has outstanding achievements in all fields, of which Rugby is one, and selection committees know this. We have managed to select a Walker Cup golfer and now have a potential Olympic skier. Can we cater for every aspect of hospital life at this standard ? I would add that possible achievements in Medicine and Dentistry are those which everybody looks for. Guy's Hospital Reports have been published for over 100 years. In selecting students perhaps the Committee has in mind the future editor and contributors of that journal. The claim by some of your correspondents that there is a high correlation between the ability to play rugby and ability in medicine and dentistry must be difficult to substantiate. Would it be so difficult to prove a negative correlation by the careful choice of the right examples ?

There is also the question of how the selection committee functions. Except for the Chairman, all the staff are occasional members of the committee, not only Dr. Wyard, and some are more occasional than others. I know that Dr. Wyard, and all his colleagues, try to do the job as conscientiously as they can. All of them have prejudices, some are more aware of them than others; there are major differences of opinion as to what they are looking for and these are fully discussed. The method is not the best by any means, and I have my own ideas as to how it may be improved. May I reassure the readers of the *Gazette* that outstanding ability in *any* field, and especially Rugby, is given due weight by all members of such committees ?

Yours etc.,

J. JOSEPH.

Guy's Hospital Medical School, S.E.1.

SIR,—The letter of B. Blackwell in the recent number of the *Gazette* is excellent. It reflects the opinion of many who are interested in the development of the next generation, and it covers a far wider horizon than just the Rugby Football field.

Today the accent appears to be on learning and not on wisdom. The qualities of vigour, humanity and robustness of character are submerged in a welter of certificates, diplomas and degrees.

To those of us who have left the comparatively civilized latitude of medicine and entered the rougher regions of industry, this regrettable state of affairs is even more apparent.

Men with degrees are not hard to come by, but men of purpose, vitality, responsibility and common sense are rare indeed.

After all, you don't have to be an egg-head to qualify successfully. Quite a few of us slightly rugged types managed it.

Yours etc.,

L. B. HILTON,

Monks Way,
Westerham, Kent.

SIR,—I am enclosing a short poem on the subject of physical education which I feel summarizes the situation :

The glory of Guy's in the past
Makes one stagger and look back aghast.
Each England cap
Meant a very fine chap,
And all of them doctors at last.

Our modern era projects
Athletically pitiful wrecks
Acne'd and pale
Asthenic and frail
Versed in Dante and classical text.

The selection committee, it tries
To bring study and learning to Guy's.
Be kind—oh yes, let's—
But it sometimes forgets
Top doctors once took all the tries.

Yours etc.,

JOHN RICKETT.

Guy's Hospital, S.E.1.

Guy's Hospital Art Society

SIR,—May I inform your readers that the next meeting of the Art Society will be a conducted visit to the Courtauld Collection in Woburn Square, on Wednesday, 13th May. The "guide" will be talking principally about the Impressionist and Post-Impressionist paintings there.

A party will leave the Colonnade at 2.00 p.m.

Yours etc.,

CHRISTOPHER MALLINSON.

Guy's Hospital, S.E.1. *Hon. Secretary, The Art Society.*

Guy's Hospital Photographic Society

SIR,—I would like to announce through your columns that all entries for the Photographic Exhibition must be handed in by 30th May, either to Mr. M. H. Gregory (Department of Biology), Mr. M. S. Wirk or myself.

Black and white prints should be half plate or larger, and mounted. Colour prints and transparencies of any size will be acceptable.

This Exhibition is not restricted to the Photographic Society, and we hope that entries will be received from all parts of the Hospital.

Yours etc.,

M. M. WALKER,

Hon. Sec. Photographic Society.

Guy's Hospital, S.E.1.

Guy's Hospital Music Club

SIR—May I bring to the notice of your readers that the Music Club will be performing 'The Gondoliers' by Gilbert and Sullivan, on Thursday and Friday, 21st and 22nd of May. The concert will be in the Physiology Theatre, at 7.30 p m on each day. Posters will shortly be appearing, giving further details.

Yours etc.,

ROBERT SELLS,

Guy's Hospital, S.E.1. *Hon. Sec. Music Club.*

The Externs Room

SIR,—I have read with interest the correspondence regarding the Externs' sitting room and its mural decorations.

I was an extern fifty years ago, and there were quite a number of panels carved then, to which we contributed, if I remember rightly, one of an infant in utero reaching down a hand to shake the up-coming hand of the extern.

If monthly carvings have been done over fifty years since then, I cannot think where they could find room, and in any case it must be a very interesting gallery by now. What does surprise me is that the same externs' room should still be in use. We used to regard it as a perfectly awful little den, and it should have been replaced by something more comfortable long ago.

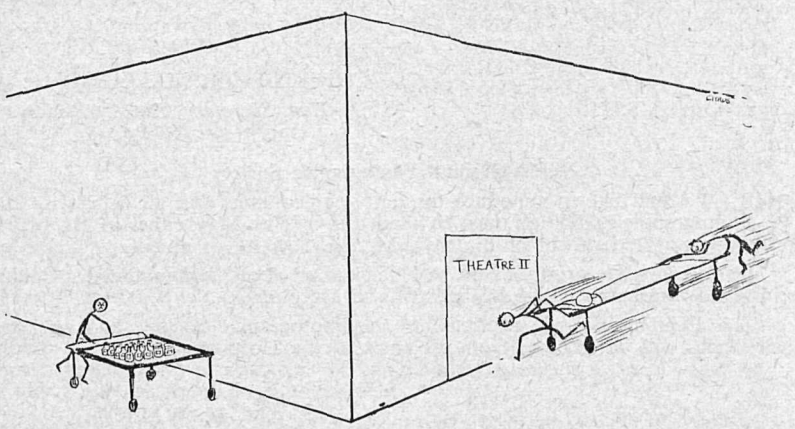
Do away with the room by all means, but the drawings or carvings should certainly be preserved somehow, as they constitute a feature in the history of Guy's.

Incidentally, I believe I read somewhere that the old "Clinical", *John and Miriam*, had been abolished. If this is true I wonder what happened to the table in the Clinicals' duty room? We had a long dark coloured table on which we carved our initials, firm by firm, but no drawings! Has this been broken up for firewood, or made a museum piece too?

Yours etc.,

G. DUNDERDALE.

45, Alexandra Road,
Pietermaritzburg, Natal.



"Don't worry: nothing comes down the passage at this time of day!"——

MEDICOS LOOK AT . . . .

Something old, something new. This has been a remarkable season for the presentation of some of the European classics, many of which have not been seen in London for years. The Old Vic, having spent five years working its way through the whole of Shakespeare, has given us *Mary Stuart* by Schiller, *Ghosts* by Ibsen and *Sganarelle* and *Tartuffe* by Molière, the Arts Theatre *Garden of Loneliness* by Hauptmann, and the 59 Theatre, at the Lyric, Hammersmith, *Danton's Death* by Buechner, *Creditors* by Strindberg, *The Cheats of Scapin* by Otway from Molière (last played in 1812), and *Brand* by Ibsen. (There may still be time to see the Ibsen at the Lyric.) It is impossible to comment on all these plays and one can refer to some of them only briefly.

Taking the Molière plays first, one should realize that these plays were written about 1670 and have been freely adapted for the English stage, but the basic elements of the plays have been retained. They are all comedies and the humour is often used to criticize the greed, gullibility, hypocrisy or stupidity of some of the characters. They are essentially mannered plays with all the conventions of the period—asides to the audience, people on the stage not being seen, the most obvious misunderstandings. If well produced, as these were, these conventions are accepted. Perhaps the humour is a little obvious and repetitive and the favourite French theme of the cuckoldry of the husband may appear too often. With the *right* pace (this was most obvious in *The Cheats of Scapin* in which the speed was part of the fun, and in *Tartuffe* in which the first act flagged) the dialogue and situations keep bubbling with humour. The producer has a great responsibility with regard to this speed of acting and also the amount of movement which he permits the actors. It is worth remembering that stage directions for these plays are few and the walking, running, almost dancing across the stage can be overdone to the extent of being distracting. One is grateful to Miles Malleson for his frequent productions of Molière, and one can compliment him for his acting in *Sganarelle*. The part of Tartuffe was excellently played by Derek Francis and Harold Lang was outstanding as Scapin at the Lyric. One last point about Molière: in all these plays the servant, whether Scapin or the Old Nurse or Dorine the maid, appears to be the most sensible and astute of the people who are portrayed. The masters and mistresses and their sons and daughters frequently appear to be helpless and foolish.

Schiller, probably best known as the writer of the *Ode to Joy*, the words of which are sung in the last movement of Beethoven's 9th (Choral) Symphony, lived in the latter half of the 18th century. What is so astonishing about his play *Mary Stuart* is that he managed to present a modern psychological study of the main characters, Mary Queen of Scots and Queen Elizabeth, as well as others. His father was an army surgeon and he himself studied law and then medicine. He did not finish his medical studies and turned to poetry. He finally, besides translating *Macbeth* into German, became a professor of history and philosophy. It is difficult to say whether being a man of many parts is the best qualification for a playwright but Schiller's knowledge of history and philosophy and his being a poet certainly enabled him to write good dialogue for a stimulating historical play which adds to our hazy ideas about what sort of people Mary Stuart and Elizabeth might have been. The writer was well served by the producer and leading actors at the Old Vic.

Garden of Loneliness, written in 1891, was presented at the Arts Theatre more than six months ago and achieved the distinction of being seen on Granada's television programme last February. The problems presented in the play—blind patriotism, filial subservience to parents, free love, intellectual as opposed to domestic wife—have a modern ring and because of this, the play does not date. The acting was at times wooden but the set had the right period, German, atmosphere. One came away from the play with the feeling that many basic problems of relationships between men and women and between men and society will not be solved for a long time. The problems need discussion and the stage is a good place where they can be aired.

Everyone must be grateful to the 59 Theatre Company for their presenting plays like *Danton's Death*. According to the *Times* (3/4/59) a German newspaper called it the best revival yet of a German play in an English theatre. The author was studying zoology and anatomy in 1832 at Strasbourg University when he became involved in progressive politics. He returned to his studies and finally

was elected to the faculty of anatomy at Zurich as a result of his thesis "Sur le système Nerveux du Barbeau". He died of typhus, aged twenty-three. The play *Danton's Death* is about the French revolution during the reign of terror in 1793-94 and deals mainly with the way in which leaders of the revolution contend among themselves for power. This seems to be a problem not only of revolution but of the running of almost every type of organization from the smallest to the largest, including the state. Heads are not chopped off with the frequency shown in the French revolution, but the basic problem remains. The production of a play with twenty scenes must have been very difficult but with the willing disbelief of the audience, the help of the citizens and soldiers on the stage and an ingenious producer, the difficulties were overcome. *Danton's Death* will be shown on B.B.C. television on 19th May.

Before leaving the 59 Theatre Group, one should thank them for the type of programme they sell. It is full of information about the play, the author, the cast and the producer. The Old Vic could easily try to emulate them and give at least some details about the play and author. Both programmes cost sixpence.

* * * * *

Something new—*A Taste of Honey* by Shelagh Delaney at Wyndham's Theatre and *The Long and the Short and the Tall* by Willis Hall at the New Theatre. Both plays deserve fuller comment than they will receive but a few words about each can indicate their main points. *A Taste of Honey* manages to include an ageing prostitute who is indifferent and irresponsible towards her daughter, a daughter who is crying out for love from a mother who cannot give it, a coloured man who seduces the daughter and disappears leaving her pregnant, a homosexual youth who is befriended by the daughter after she is left alone by her mother, and a loud-mouthed, promiscuous boy friend with whom the mother goes off and who soon leaves her. From this brief description one can see why the residents of Salford, in which the play is supposed to take place, protested that the young author had misrepresented them. On the other hand the play is not supposed to be a realistic slice of life as a whole, but a presentation of the characters of certain types of individuals and the problems they create. There is no doubt that this is brilliantly done. Each character is well portrayed and is not in any way false. The dialogue is outstanding. The main fault in the play is the number of problems which are raised and never really dealt with. In this day and age the extent to which children need the love of their parents and the consequences of insecurity in children's lives may be a big enough problem for one play, but to include the problem of promiscuity between adults, a suggestion of the colour problem, the difficulties of homosexuality and the needs of such people and the problem of the abandoned women is a bit too much for one play. Probably as a result, no problem is really dealt with and the author has nothing to say about them and only states them.

In *The Long and the Short and the Tall* the beastliness of war is the subject of the play and the author makes one feel that the individual soldier on both sides suffers and is killed for something which should really never happen. The characters are somewhat stock types but their dialogue is certainly that of the army. Perhaps a word of warning is needed here. Both these modern plays have language quite unsuitable for a maiden aunt and may therefore be condemned on that count, if a recent correspondence in the *Gazette* is any criterion. However, they can both be recommended if one wants witty dialogue and tense, emotional situations in a play. Both have good sets and the actors, few if any of them well known, play their parts well.

NUTS-IN-MAY PEDAGOOGLIES

I can stomach my oesophageal atresia
(I imagine I originally sinned)
I may die—that I don't mind—
But this thought I find a bind :
To hath lived and died and never broken wind.

Willy Bloggs, the little charmer,
Swallowed once a suit of armour.
Mother said, 'What shall I do ?
I'm sure the mail won't get through'.

The Quodlibet Society

On Wednesday, 29th April, in the Students' Club, Stuart Hall, editor of *Universities and Left Review*, gave a talk to the Quodlibet Society on "Amis, Osborne, Wain and Post-war Britain". After describing the reluctance of the immediate post-war writers to commit themselves on large political issues, in a reaction against the naive generalizations of the 1930's, he analyzed the literature of protest that had arisen since the publication of Amis's first novel in 1953. In this the targets were comparatively limited and trivial, and the hero an ineffective puller of faces. Wain's horizon was larger, and Osborne's verbal missiles were aimed at the whole of the materialistic establishment society of privilege and string-pulling. In John Braine's "Room at the Top" the common problems of the heroes of the other novelists were more explicitly stated, and at the end of this book for the first time a serious moral note was struck. The speaker also noted the curious identity of ending in all these novels, where the hero, painfully struggling to climb into the class of power and money, is rescued miraculously by a wealthy potentate of this class and whisked away into that "room at the top" in the company of a rich and beautiful girl.

Mr. Hall had spoken entirely without notes and was one of the most fluent and interesting people one has heard for some time. After an interval there was an entertaining discussion on several related topics. He was asked why it was that there had been almost no books of any quality about the last war, in contrast to American novels. He suggested several reasons, among them that the American novels did not so much describe the war as use it as a setting in which a social problem was explored or the individual tested in the tradition of Hemingway and the whole literature of the frontier. Also, for America the Second World War had been the entrance into power, for Britain the exit. Moreover, as the last war was so utterly different from what war would be today, it seemed less relevant.

The discussion ended at 10.30, and the chairman, Peter Hirschmann, after thanking the speaker nicely, closed the meeting with a few commercials.

R.C.

REVIEW

Call the Doctor. By E. S. TURNER. Michael Joseph Ltd. 1958. Pp. 320. *Price* 21*s*.

Fresh from 'A History of Courting', Mr. Turner has diverted his research to medical records and written a fascinating social history of medical men.

Anyone who thinks that medical controversy is confined to the 20th century should be made to read this book, for from the earliest times there has been controversy between doctor, patient and authority. At first witchcraft and quackery were the problems; then in the 18th century public indignation was centred on body-snatching with Sir Astley Cooper dominating the scene. Such was the notorious efficiency of his resurrectionists that he was able to claim: 'There is no person, let his situation in life be what it may, whom, if I were disposed to dissect, I could not obtain'. The great reforming zeal of another Guy's man, Thomas Wakley, and the early days of *Lancet*, are covered well. These were fascinating times, when a poor country girl could sell her hair to a wigmaker and her teeth to a dentist, before being enticed by an amorous baronet to 'a fate worse than extraction.'

The controversies are recorded impartially, right up to the battles with Lloyd-George and Bevan. It is humbling to see how little the profession's arguments have changed over the years, and how often these arguments have been based on emotional selfishness rather than reason.

Mr. Turner, a regular *Punch* contributor, writes in a delightfully entertaining manner that is certain to amuse as well as inform.

S.R.M.

The price of *Modern Trends in Anaesthesia*, by Evans and Gray (Butterworth), reviewed in our last issue, is 67*s*. 6*d*.

The Quodlibet Society

THURSDAY, 14TH MAY

THE RT. REV. MERVYN STOCKWOOD

Bishop of Southwark

"POLITICS AND RELIGION"

Students' Club. 8 p.m.

SPORT

ATHLETICS

Guy's Hospital Athletic Club will hold its Annual Sports Day at Honor Oak Park on Saturday, 30th May, commencing at 2.30 p.m.

LADIES LAWN TENNIS

Guy's 1st VI v. King's College Hospital 1st VI

K. Allsopp and J. Cridlan, Won 2, Lost 1.
D. Lagarowinska and J. Sairey, Won 3, Lost 0.
D. Grant and J. Stevens, Won 1, Lost 2.

Result : Won by 6 matches to 3.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Junior Medical Registrar** at Guy's Hospital, with duties from 1st June until 30th September, 1959.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **15th May, 1959.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Part-time, Non-Resident Casualty Officer (Senior House Officer Grade) required immediately for six months, or for shorter period. Six morning (9.30-1.00) sessions weekly. Salary £542 7*s.* 0*d.* p.a. (7/11ths of £852 6*s.* 0*d.*) Applications and copies of three recent testimonials, or names of three referees, should reach the Hospital Secretary as soon as possible.

APPOINTMENTS

Dr. J. R. Audy, M.B., Ph.D., has been appointed Director of the Hooper Foundation for Medical Research and Professor of Tropical Medicine and Human Ecology, at the University of California Medical School.

Dr. J. P. Lissenden appointed for one year at the Rotunda Hospital, Dublin; the first quarter as Junior Paediatrician to Dr. P. C. D. MacClancy.

UNIVERSITY OF LONDON

Recognition of Teachers

The following have been recognized as Teachers of the University and assigned to the Faculty indicated :

Full Recognition

Faculty of Medicine

G. W. Garland, M.D., F.R.C.O.G., as a Teacher of Obstetrics and Gynaecology at St. Thomas's Hospital Medical School.

D. J. Neill, F.D.S.R.C.S., as a Teacher of Dental Prosthetics at Guy's Hospital Medical School.

Central Medical Recruitment Committee

Dr. E. R. Boland has been re-elected Chairman of the Central Medical Recruitment Committee.

PASS LIST

UNIVERSITY OF LONDON

Special Second Examination for Medical Degrees

March, 1959

Norma L. J. Allen
Sheela Amin
P. McC. D. Anderson
C. J. Atkins
J. H. M. Axton
G. C. Barrett
C. C. Bates
P. Beasley
A. H. Binsted
C. B. Boothby
I. M. Boyd
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N. E. Burrows
A. S. G. Clark
G. Ebrahimzadeh
T. A. H. English
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A. G. Gilchrist
J. R. Glover
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E. Moran
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I. W. Jones
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Susan P. Kendall
R. A. Lewin
*R. Marsh
R. H. S. Mindham
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J. C. Oakley
E. K. M. Smith
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N. Dobie
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A. P. Lees
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R. H. S. Mindham
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*G. G. Ward
Mary R. H. Webb

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*P. G. C. Calverley
*D. Davies
*Mary L. Ellis
*W. F. Jaworski
Susan P. Kendall
*O. C. Legg
J. J. Maher
*R. Marsh
D. N. E. Myers
*R. G. Notley
*V Promtatvethi
*P. T. Whitehead

*Have completed the examination.

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

April, 1959

Pathology and Bacteriology, Social and Preventive Medicine and Forensic Medicine

*A. S. Horniblow

Medicine

*P. J. A. Willems

Midwifery

A. Bushman
*P. J. A. Willems

*Have completed the examination.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Second Examination

April, 1959

R. W. W. Betts
P. N. Hirschmann
E. D. Jones
R. H. Mummery
H. N. Parfitt
A. J. Parratt
A. J. Simons
A. D. Skinner

NURSING NEWS

Entered :

Sister B. Ford to *Main Theatres.*
S/N A. Hanvey to *Diplock.*
S/N B. Minter to *Surgical X-ray.*
S/N M. Cannon to *William Gull.*

Left :

C/N J. A. Wood, *Main Theatres.*
S/N A. Robertson, *Snowsfields.*
S/N A. Phillips, *William Gull.*
S/N M. Sayle Creer, *Diplock.*
S/N P. A. Roberts, *New Cross.*
S/N A. Roy, *District Salomons Centre.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Adams, C. W. M. Classification of Mucoid (basophil) Cells in the Normal and Pathological human Adenohypophysis. *J. Endocrinol.*, 1959, **18**, 147.

Adams, C. W. M. and Davison, A. N. Histochemical Identification of Myelin Phosphoglycerides by their Ferric Hydroxamates. *J. Neurochem.*, 1959, **3**, 347.

Boulter, P. S. and Parks, A. G. A Method of Vascular Display by Silver Impregnation. *Med. biol. ill.*, 1959, **9**, 94.

Cavanagh, J. B. and others. Experimental Psychomotor Epilepsy in the Cat. Electro-Clinical and Anatomo-Pathological Correlations. *J. Neuropath. exp. Neurol.*, 1959, **18**, 270.

Clarke, A. Ruscoe. On the Nature and Treatment of Wound Shock. *Ann. R. Coll. Surg. Engl.* 1959, **24**, 239.

Clarke, C. A. and others. The Protection Afforded by ABO Incompatibility against Erythroblastosis Due to Rhesus Anti-D. *Int. Arch. Allergy*, Vol. 13. No. 5-6.

Clarke, C. A. and others. P.T.C. Taste Response and Thyroid Disease. *Brit. med. J.*, 1959, i, 1069.

Clarkson P. Late Follow-up of Some Toe-hand Transfers. *Acta. orthopaed. belg.*, 1958, *Fasc.* 8. p. 106.

Clarkson, P. W. The Burned Child. *J. int. Coll. Surg.*, 1958, **30**, 672.

Cope, R. W. and another. Trimeprazine Tartrate for Premedication of Children. *Lancet*, 1959, i, 858.

Craft, Michael. Personality Disorder and Dullness. *Lancet*, 1959, i, 856.

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Lessof, M. H. and another. The Pulseless Syndrome. *Lancet*, 1959, i, 799.

Macdonald, I. Gastric Studies in Europeans and Bantu in South Africa. *J. Physiol.*, 1959, **146**, 13P.

McGill, D. The Exophthalmos-producing Hormone in Human Serum. *J. Physiol.*, 1959, **146**, 12P.

Northfield, D. W. C. The Treatment of Severe Head Injuries. *Med. Pr.*, 1959, **241**, 363.

Oppé, T. E. and others. Cord-Blood Findings in ABO Haemolytic Disease. *Lancet*, 1959, i, 860.

Stamm, W. P. and others. Intradermal T.A.B.T. Vaccine for Immunisation against Enteric. *Lancet*, 1959, i, 816.

Zorab, E. C. Alpha-Chymo-Trypsin in Cataract Extraction. *Brit. J. Ophthal.*, 1959, 43, 202.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d. 3 lines 7s. 6d. Box Numbers 6d. extra.
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CHANGES OF ADDRESS

F. I. S. Copley, L.D.S., 13th Floor, Provident House, C/r. Field and Smith Streets, Durban, South Africa.

E. T. Johns M.B. B.S. D.Obst.R.C.O.G., Louise Street Cunnamulla, Queensland, Australia.

J. Metcalfe, B.D.S., Green Shutters, Hawks Hill Close, Leatherhead.

J. B. Pond, M.B., B.Chir., D.R.C.O.G., Dromore, Granville Road, Walmer, Kent. (Deal 495).

Surg.-Lt. H. M. Tuddenham, R.N., *H.M.S. St. Vincent*, Gosport, Hampshire. (Portsmouth 22351, Ext. 4225).

R. H. R. White, M.R.C.P., D.C.H., 26, Guilford Street, Holborn, W.C.1. (Holborn 9200, Ext. 233).

BIRTHS

BOYLE.—On 8th April, 1959, in Halifax, Nova Scotia, to Kate (née Skan), wife of Lieut. *Charles Boyle*, R.C.N., a *son*.

HILL.—On 4th April, 1959, to Pat (née Blood, M.S.R.), and *Peter* Hill, F.D.S., a *son* (Kevin Bryan), brother to Daphne and Tony.

KELLY.—On 28th April, 1959, at Thornton House, Redhill, Surrey, to Iona (née Irons), wife of Kevin Kelly, M.B., B.S., D.Obst. R.C.O.G., a sister (Michèle Mary) for Sean and Damian.

LENNIE.—On 18th April, 1959, at 10, Green Lane, Letchworth, to Thelma (née Piercey) and David Lennie, M.B., B.S., a son (Peter), a brother for Diana.

McKENDRICK.—On 20th April, 1959, at Cardiff Maternity Hospital, to Annette and *William McKendrick*, M.R.C.S., of Blackwood, Mon., a son (Nigel Ewan), brother to *Alaistair*.

McLEAN.—On 12th April, 1959, at the Old Court Clinic, Ealing, to Diana (née Plowright), and John W. McLean, L.D.S., twin daughters (Jennifer and Susan), sisters for *Diana* and Caroline.

MANN.—On 21st April, 1959, to Frank (née Nyhan), wife of A. C. M. Mann, B.M., B.Ch., of Bandon, Co. Cork, a son.

SOOTHILL.—On 27th April, 1959, at Hawford Lock, North Claines, Worcs., to Brenda and John Soothill, a son (Charles David).

WALKER.—On 26th April, 1959, at St. Mary's *Maternity Hospital, Croydon*, to *Elizabeth* (née Charleson), and Kenneth Walker, L.M.M.S.A. *a son (Craig)*.

YENTIS.—On 19th April, 1959, at University College Hospital, W.C.1, to Steffi, wife of Irvan Yentis, M.D., M.R.C.P., F.F.R., a daughter (*Julia Sharon*).

MARRIAGES

De SILVA—CARTER.—On 7th March, 1959, at Windlesham Parish Church, Guru Kande Weda Aratchigedon Gerald De Silva to Monica Jean Carter, S.R.N.

FAIRCLIFFE—ALLWRIGHT.—On 4th April, 1959, at St. Dunstan's Church, Cheam, Malcolm Claude Faircliffe, A.C.A., to Gwenneth Jean Allwright, S.R.N., S.C.M.

HARLEY—PHILLIPS.—On 8th May, 1959, at St. Mark's Church, Purley, Clifford Elliott Harley, M.R.C.S., to Anne Maureen Phillips, S.R.N.

TUDDENHAM—RICHARDS.—On 16th April, 1959, at The Town Church, St. Peter Port, Guernsey, Malcolm Tuddenham, M.B., B.S., M.R.C.S., to Jean D. Richards, S.R.N.

TURNER — VELLENOWETH. — On 28th March, 1959, at The Upper Church of St. Peter, Pembury, Kent, Sub.-Lt. Clive Turner, R.N., to *Diane Vellenoweth*, S.R.N.

DEATHS

MARSH.—On 20th April, 1959, at Guy's Hospital, Henry Rupert Marsh, M.R.C.S., of Crit Hall Gate, Benenden, Kent.

SYMONDS.—On 12th April, 1959, suddenly, at Toronto, *William James Charters Symonds*, B.M., B.Ch.(Oxon), aged 36, husband of Mary, 55, Yorkminster Road, Willowdale, Ontario, and son of Sir Charles and Lady Symonds, 87, Harley Street, W.1.

EDS. {J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1848 23*rd May* 1959 *One Shilling*

PASSIM

Nowe do I nightly waste, wanting my kindly rest.—
EDMUND SPENSER.

LOVE made Spenser sleepless, and love no doubt causes sleeplessness in some of us today. Books keep us from our beds too, when examinations loom, and ballrooms are the scene of many a wakeful night. Patients and hungry babies disturb some slumberers. When we lose sleep in these ways, we cannot complain. Our sympathies are engaged, however, by the plight of patients in our wards, who are awakened at the crack of dawn, day in and day out, largely on the basis, it seems to us, of ingrained habit. We know that night staffs have a great deal to do before handing over to the day nurses ; we must admit partial ignorance of what is involved, having seldom been in the wards at dawn. Nevertheless, so many pleas are voiced by patients who get to sleep with difficulty, only to be roused from sweetest dreams for a chilly matutinal sluice, that fellow feeling leads us to enter one as well : may our patients start their day just a little later in the morning than 6 a.m. ?

We welcome to the staff Mr. R. T. Linfield, as Thoracic Surgical Registrar, and Mr. G. L. S. Rankin, as Obstetric Registrar.

The British Association of Physical Medicine held its 16th Annual Meeting at Guy's on April 17th and 18th, at which several papers were read by Guy's men, including a discussion of intervertebral disc lesions by Dr. E. J. Crisp.

The Guy's Nurses League met on 8th May for its Annual General Meeting and Reunion. It was unusual and delightful to see three Matrons of Guy's together, with some two hundred Guy's nurses. The President, Miss Emily MacManus, welcomed members, and invited Miss Dorothy Smith to take the chair for the meeting. Miss Smith was thus able to call on her successor, Miss Jean Addison, to present her report as Honorary Secretary of the League. A brief account of progress on New Guy's House, by Mr. J. B. Blaikley, the Superintendent, concluded the business apart from presentation of prizes for art, photography and needlework ; tea was then served in the Nurses' Home.

We offer our congratulations to Dr. Min Sein, Dr. L. P. R. Fourman, Dr. N. M. Jacoby, and Dr. C. A. Lillicrap, upon their election to the Fellowship of the Royal College of Physicians.

The 62nd Annual General Meeting of the Guy's Ladies' Association was held in the Medical School on 13th May. Mr. W. D. Doherty was in the chair for the meeting. The Dowager Lady Ebbisham, Chairman of the Association, spoke on the Report and Accounts for the year, and Lady Kilmuir was guest speaker.

A distinguished audience assembled to hear the Fison Memorial Lecture on 12th May, delivered by Sir George Thomson, D.Sc., F.R.S., LL.D., Master of Corpus Christi College, Cambridge. He spoke on "The Principles of Physics".

The *Daily Telegraph* of 17th May approved, in its Women's Page, of the goffered lace caps worn at some London hospitals. We consider the Guy's cap to be more attractive than any we have seen. It was three years before we realized that the "strings" do not hold the cap on—disillusion set in when a staff nurse was seen in a dental chair with cap off and strings on. The effect is, however, well worth the trouble involved ; and the cap is charmingly feminine.

Friday, 22nd May, sees the dawn of a new era in hospital athletics when Guy's and the London compete in a walking race to the South Coast. The course, the Tower of London to Brighton Pier ; the start, 5.00 p.m. ; the prize, a suitably inscribed boot. Although the London have somewhat more experience of this particular journey on foot Guy's are said to be fielding a strong, thirsty, and well calloused team, and we understand from the "non-playing" captain that all supporters with cars will be very welcome.

We remind readers that Sports Day is next Saturday, and direct their attention to the letter in this issue from the President (Mr. J. S. Tomkinson) and the Captain of the Athletic Club.

Our congratulations to Mr. Peter Hildreth upon his fine victory in the International 120 yards hurdles race, in the British Games at the White City.

As we go to press, we learn with deep sorrow of the death of Lady Nuffield. To Lord Nuffield, President of the Hospital, we offer our most sincere sympathy in his great loss.

GUY'S DIARY

MAY			Exhibition. Department of Surgery. *Varicose Veins.*
23rd	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
25th	M	1.00	Mr. T. T. Stamm. Clinical Lecture. *Fractures involving the Ankle Joint*
26th	T	1.00	Professor W. R. Spurrell. Clinical Lecture.
30th	S	2.30	Guy's Sports Day. Honor Oak Park.
JUNE			Exhibition. Department of Surgery. *Treatment of Carcinoma of the Breast.*
2nd	T	1.00	Dr. P. M. F. Bishop. Clinical Lecture. *What is Sex ?*
4th	Th	1.00	Professor M. A. Rushton. Clinical Lecture, *Cysts of the Upper Jaw.*
5th	F	1.00	Mr. J. W. Mansie. Dental Clinical Lecture. *Dental Difficulties.*

NOTICES

GUY'S HOSPITAL CLUBS' UNION

It has been proposed that the following rule should be added to the existing Rules of the Clubs' Union, and this will be considered at the next meeting of the Clubs' Union Council, on Friday, 19th June, 1959. In accordance with Rule 23 of the Clubs' Union, formal notice of this addition is hereby given.

> " The Clubs' Union shall have power to co-opt up to two persons as additional members of the Council if it is desired to appoint an Honorary Secretary or an Honorary Assistant Secretary who are not already elected representatives on the Clubs' Union Council."

G. A. MARIN, *Hon. Secretary,*
Guy's Hospital Clubs' Union.

ART SOCIETY EXHIBITION

All entries for the Exhibition may be left in the Lower Ground Floor Annexe of the Gordon Museum, which will be duly signposted. The closing date is midday Saturday, 30th May.

All entries must be suitably framed or mounted, and labelled.

C. N. MALLINSON,
Hon. Secretary, Art Society.

The Evelina Hospital

Towards Total Health for Our Children.

During the first week in May, 75 sick children's nurses from all over the world came together in London on the occasion of the 21st Anniversary of the foundation of "The Association of British Pædiatric Nurses". The National Council of Nurses, in conjunction with the Association, had arranged a varied programme covering many aspects of child care in health and sickness, within the family, the community in special schools and in hospital.

One of the outstanding lectures was given by Mr. Patrick Clarkson at the Evelina Children's Hospital. He spoke about the immediate treatment of burns, the subsequent plastic repairs and general rehabilitation, and stressed the need for far greater efforts in the prevention of these tragic accidents. The talk was illustrated by slides and by showing actual patients.

After coffee and discussion the International visitors toured the wards of the Evelina and commented on the happy atmosphere created by the ward sisters. They spoke to some of the parents and showed great interest in the free visiting scheme now firmly established at the Evelina.

SOME CONGENITAL ABNORMALITIES OF THE LUNG

By R. H. F. BRAIN, F.R.C.S.

A Clinical Lecture delivered at Guy's Hospital, on 18th July, 1958

LADIES AND GENTLEMEN,—The scope of this lecture will be threefold. I propose to give, first, a brief developmental survey of the lung, then to list fairly comprehensively its congenital anomalies, and finally to select from among them a few of the commoner ones for detailed study.

Brief 'Development' Survey

The tracheo-bronchial diverticulum is formed on the ventral aspect of the primitive foregut from a groove whose lips fuse as it deepens to form a tube. The lower end of this tube bifurcates to form the primitive lung buds. These buds with their surrounding mesodermal cover grow into the pleural portion of the pericardio-pleuro-peritoneal canal derived from the intra-embryonic coelom. The separation of the pericardial portion of this coelom, by the folding of the head, causes the ducts of Cuvier to run forwards with the septum transversum, lateral to the pleural canal. The lung bud therefore begins life medial to the duct and has to grow downwards, through the pericardio-pleural hiatus below the duct, out into the pleural canal and on into the peritoneal cavity below the septum transversum. The pleural space is practically non-existent so that the lung at this stage is partly an abdominal organ.

Growth of the lung bud of up to 18 subdivisions by birth enlarges the canal into a pleural cavity. This is achieved by the primitive lung invading the body wall laterally and upwards outside the ducts of Cuvier. The latter remain as the cranial boundary of the pericardio-pleural canal, which closes, and are represented in the adult as the azygos vein on the right and the superior intercostal vein on the left. Naturally they remain closely related to the main bronchi as they issue from the adult mediastinum.

Descent of the septum transversum and more especially of its dorsal border, deepens the thoracic cavity at the expense of the peritoneal cavity, thus drawing back the primitive lung into the pleural cavity through the pleuro-peritoneal hiatus. Closure of these hiati in the septum transversum isolates the pleural cavities and their lungs. The pulmonary arteries develop from the 6th branchial arch vessels as does the ductus arteriosus on the left side. The pulmonary veins arise from the venous plexus surrounding the primitive foregut, draining both into the sinus venosus and into the splanchnic plexus. As the latter drains into the posterior cardinal veins and back to the sinus, ample opportunity is provided developmentally for the communications that may be found between the pulmonary and the systemic veins.

Since we know so little about the aetiology of congenital malformations we are frequently at a loss to distinguish between

what is truly congenital and what is perhaps acquired at an early age. This is especially true of certain types of lung cysts and bronchiectasis. Tumours such as the hamartomata likewise come into this category. The following classification is therefore to be regarded as arbitrary.

Abnormal 'Branching' of the Bronchial Tree. This is a very common finding about which much has been written : for example, the lingular segment arises abnormally in 22 per cent. of individuals. However, these anomalies are really only of practical importance to operating surgeons and a good bronchogram will anticipate difficulties.

Abnormal 'Fissuring' of Lungs. A very common anomaly which at first sight may be thought to be 'trivial' and lacking in important implications. When incomplete, that is, where the segment still retains inter-alveolar connections with its neighbour, this is probably true. But complete fissuring, since it denies segments the benefit of air drift through the so-called pores of Kohn, predisposes patients to the effects of segmental bronchial obstruction. For example their absence in the very young probably explains why children are more prone to segmental collapse and to such consequences of it as bronchiectasis. Air drift from a normal segment may be responsible for the continued aeration of non-ventilated bronchiectatic segments of a lobe (see Figs. 1 and 2).

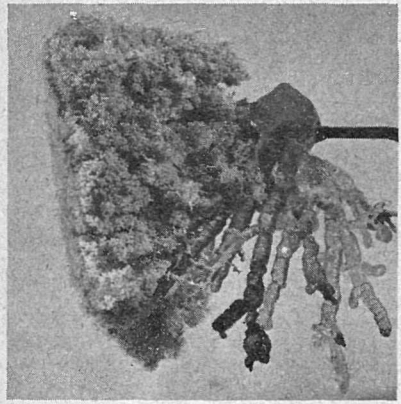

Fig. 1

Plastic cast of an incompletely bronchiectatic lower lobe. The normal apical segment shows its connection with the bronchioles, whereas the separated basal segments terminate blindly. Separation results from "missing" alveolar tissue, aerated but not ventilated by collateral air drift from the apical segment.

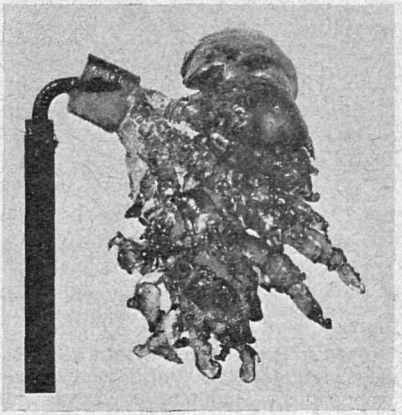

Fig. 2

Plastic cast of a completely bronchiectatic lower lobe. Complete atelectasis is demonstrated by the close proximity of the segmental bronchi. Note the co-incidence of all the well known forms of bronchiectasis

Agenesis and Hypoplasia. The effects of these abnormalities depends upon their extent and their association with other abnormalities such as the congenital heart disorders.

They are difficult to separate clinically but pneumangiography may help. This investigation should always be undertaken, for example, prior to embarking on surgery for the removal of hypoplastic segments thought to harbour chronic infection.

Accessory or Supernumerary Lung Tissue. Accessory lobes and segments are rare but when present they are to be found most commonly in the paratracheal or in the supraphrenic positions. Accessory lung tissue in the latter situation

has been reported frequently occurring with congenital diaphragmatic herniæ, as 'Rokitansky' lobes. I have had personal experience of one such case. Later I intend to discuss their possible associations with so-called 'sequestration' cysts.

Tracheo-Oesophageal Fistulae. These extremely important congenital abnormalities are quite rightly more usually discussed in association with atresia of the œsophagus.

Congenital Cystic Disease of the Lungs. This is probably the commonest, the most varied and among the most interesting of the congenital lung anomalies. They have been classified into groups, some of which I shall discuss later, but they tend to have the following common characteristics.

(a) All arise as a result of tissue "exclusion", or "dissociation" during development. The timing of and the siting of their exclusion produces the variations.
(b) They are frequently associated with vascular abnormalities such as a deficiency or even an absence of pulmonary arterial supply, or with the persistence of or an increase in their systemic arterial connections.
(c) Potency of the pericardio-pleural canals although rare is easily explicable developmentally.

"Congenital" Bronchiectasis. When considering this disease as a separate entity, straightway one runs into many difficulties. Such difficulties arise because so often we cannot trace the exact ætiology of the bronchiectasis found. There are of course many well known factors concerned in its ætiology but often they are ephemeral, which adds to our mystification.

Cystic bronchiectasis is a radiological diagnosis that need not necessarily be regarded as congenital. In fact cysts in bronchiectasis commonly accompany the typical acquired tubular or varicose forms of the disease (see fig. 2). Should bronchiectasis acquired through the usual collapse/infection method but predisposed to by congenital anomalies be regarded as truly congenital in origin ? I refer to such anomalies as :—

1. The abnormal fissuring such as in the azygos lobe.
2. Abnormalities of the chest wall like synostosis of the overlying ribs.
3. Congenital cystic disease of the pancreas responsible for the mucoviscidosis syndrome affecting bronchial secretion and drainage.
4. Situs inversus usually with chronic upper respiratory tract infection, known as the Kartagener syndrome.

Other Bronchogenic Cysts. These cysts are so called because histologically they contain all the normal bronchial elements, not necessarily in the normal proportions. They may be classified in various ways.

(a) 1. Solitary
2. Multiple.
3. Generalized.

(b) (i) High— in relation to the trachea as paratracheal cysts sometimes found in the neck, when they are often associated with congenital cervical hemivertebræ.

(ii) Middle— Grouped around the bifurcation of the trachea and the main bronchi. This is the commonest site and as may be expected they are sometimes found with a persistence of the pericardio-pleural hiatus. Occasionally they are to be found within the pericardium. Both are developmentally easily understandable.

(iii) Lower— usually referred to as the 'sequestration' cysts found in relation to the basal segments of the lower lobes.

Clinically these cysts give rise to symptoms because of their complications.

1. Infection.
2. Rupture into a bronchus, the pleural space or the pericardium.
3. Increase in size producing dyspnœa.
4. Hæmorrhage into the cyst.
5. Calcification of their walls.
6. Malignant change.

Alveolar Cysts—Congenital Emphysema. This would appear to be a rare disease since only 41 cases have been reported in the literature up to 1954, but I have seen three such patients. It is fascinating to theorize on the possible causes of large air containing cysts, found within hours of a baby taking its first breath;

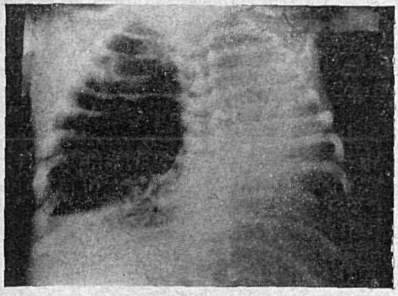

Fig. 3 (above)

Pre-operative radiogram. Newborn "cyanosed" infant with generalized emphysematous cystic disease. Probable agenesis of the left lung and a large anterior mediastinal interpleural window.

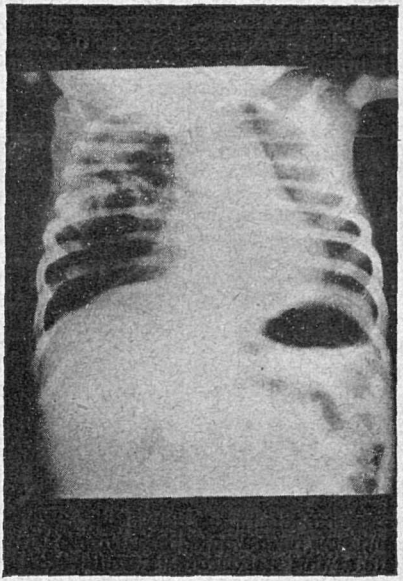

Fig. 4 (right)

Post-operative radiogram of the same infant after partial excision and plication of the larger cysts. The right lung fills both pleural cavities.

while the differential diagnosis is often wide, especially when the lower lobes are affected. The finding of a typical alveolar cyst or cysts lined by flattened epithelum, often subpleural in situation, appears from the literature to occur, strictly localized to a single lobe. However, this was certainly not so in one of my cases, illustrated by figures 3 and 4. Partial or valvular bronchial occlusion is the most favoured theory for the cause for this disease, in the literature various such incriminating findings have been recorded. They include :

(a) Chondromalacia or a deficiency in the cartilaginous support to bronchi allowing them to collapse during expiration. Objections to this include the often strict localization of the cysts ; not that this is entirely impossible.

(b) Obstruction due to congenital vascular rings have been recorded but could be coincidental.

(c) Obstruction from mucosal hypertrophy, or redundant flap valves.

(d) Congenital malformation of the lung parenchyma such as agenesis, often associated with anterior mediastinal window.

(e) Over-vigorous resuscitation of blue babies at birth, for example the use of high oxygen pressures.

The differential diagnosis includes obstructive emphysema from a foreign body or a neoplasm, a diaphragmatic hernia, and other forms of cyst.

Congenital Vascular Anomalies of the Lung.

These are common anomalies, but the vast majority are variations of the normal distribution with no physiological effects. Of the physiologically important group, most of the members are quite rightly considered as belonging

to cardiac surgery. The important exception is the arteriovenous fistula, often aneurysmal, between the pulmonary artery and the pulmonary vein.

Arteriovenous Fistula of the Lung. Although officially this anomaly is classified as being developmental in origin and probably belonging to the hereditary telangiectatic diseases such as the Osler-Weber syndrome, yet trauma and neoplasia of the hamartoma type could be responsible in some instances. Clinically, central cyanosis, clubbing, polycythæmia and an intrapulmonary tumour over which may be heard either a systolic or continuous murmur are the "classic" signs. The murmur is often exaggerated during inspiration. The intrapulmonary tumour is usually single but may be multiple. An obvious leash of vessels joining it to

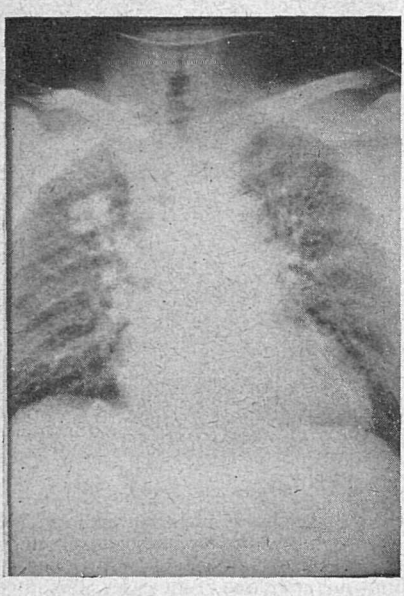

Fig. 5

Pneumangiogram of a patient with an arterio-venous aneurysm of the right upper lobe.

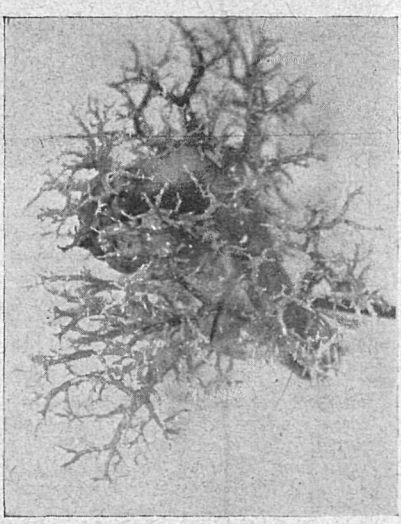

Fig. 6

Plastic cast of the vessels of the lobe after its removal from the same patient. The aneurysmal sac is shown communicating with both the pulmonary artery and pulmonary vein.

the hilum may be seen on X-ray examination. Telangiectases elsewhere, especially on face and lips, are common. The heart is normal in size and shape and never shows sign of strain. Dyspnœa is usually mild but the patient may show evidence of systemic embolism of either air, clot or foreign material. It may be responsible for that medical curiosity, paradoxical embolus. Hæmoptysis is rare but pleural pain is not uncommon. The diagnosis, once suspected, can easily be confirmed by pneumangiography. The treatment is surgical excision, unless the patient is too ill or the lesions are too widespread.

Sequestration Cysts. This is a term reserved for an especially interesting, often multicystic condition in the region of the basal segments of the lower lobes, usually the posterior ones. They are more common on the left side and may be subdivided :—

i) extra-lobar type.

ii) intra-lobar type.

Theoretically they are easily separable, since in the latter group there is a conversion of an anatomically normal segment to a cystic mass, whereas in the former an accessory cystic segment is closely associated with the lobe. Practically, it is often very difficult to separate them, as an accessory segment such as a Rokintansky

lobe may be so surrounded as to appear incorporated into the normal lobe. The discovery of a missing segment in a bronchogram may be a useful clue, although a secondary communication with the bronchi and the cyst may vitiate it.

Both types are likely to have a large accessory systemic arterial supply, often from the abdominal aorta coming through the diaphragm in the area of the old pleuro-peritoneal hiatus. There is considerable controversy in the literature as to whether the systemic artery captures the segment during development to the later exclusion of the pulmonary artery, thus mechanically preventing its normal evolution (Pryce, Sellors and Blair, 1947); or whether persistence of the systemic supply leads to a fibro-cystic atrophy of the involved segment as suggested by Ameuille and Lemoine in 1934 and by Abbey Smith in 1955. Among the reasons given for this latter suggestion are extraordinary statements like that of Maier in 1954 who said "The larger the systemic blood supply to an area of lung the greater are the chances of superadded infection". To anyone brought up as a general surgeon this seems a "cart before the horse" attitude. It is true that in many conditions, for instance, collapse or emphysema, there is an increase in the systemic arterial supply but there are other good physiological reasons for this and the fact that it is often associated with atrophy of the lung parenchyma can easily be explained by the persistence of the original cause, or even to disuse atrophy consequent on loss of function.

The finding personally of an obviously extra-lobar 'Rokintansky' lobe with a large systemic artery from the abdominal aorta when operating on a newborn child with a large diaphragmatic hernia, brought me to realise how easy it would be for a normal lower lobe to capture and surround this degenerate unit, apparently incorporating it into its substance over the years.

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CORRESPONDENCE

Letters to the Editor of the Gazette

Mr. F. A. Murray

SIR,—I wish to ask for the courtesy of your columns in order that I may express my sincere thanks to the medical and nursing staff, to the executive and other non-medical staff for the great kindness which has been shown to me during my term at Guy's. I wish to say in all sincerity that my stay in this hospital has been among the happiest years of my professional life.

Yours etc.,

F. A. MURRAY.

Department of Obstetrics and Gynæcology,
Guy's Hospital, S.E.1.

"The Ship and Shovel"

SIR,—In the correspondence on the historic carvings of Guy's Hospital there has been no reference to the table which was in the Residents' room until three years ago, and is, I hope, still there.

It is a round oak table with many names and initials carved in the top, and is the only reminder of the "Ship and Shovel" which was destroyed by bombing on the night of 29th December, 1940. The landlord and landlady, Dick and Flossie Bones, gave it into the safe keeping of the salvage party, who, with a proper sense of values, had been quick to rescue it from the "Doctors' Room".

It would be a pity if this relic of a public house which had an association with Guy's Hospital for over two hundred years should be discarded in the future alterations. "The Pig and Whistle" was built in 1704, and renamed "The Ship and Shovel" after the death of Admiral Sir Cloudesley Shovell in 1707 (Winston, Wingent, Churchill).

I would suggest that attempts be made to trace Mr. and Mrs. Bones, or a member of the family, and that they be asked to attend a ceremony to unveil a descriptive plaque to be attached to the table as a lasting record. In 1953 Dr. T. R. Hill knew their address, and perhaps would be able to find them now.

Yours etc.,

P. A. LANE ROBERTS.

11, Adelaide Crescent,
Hove 3, Sussex.

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Sports Day

From Mr. J. S. Tomkinson

SIR,—We would like to remind *Gazette* readers that the Guy's Annual Sports Day will be on Saturday, 30th May, at Honor Oak Park.

In addition to the usual athletic events, there will be various side-shows and numerous prizes to be won. We hope to make it an afternoon that everyone will enjoy. Tea and other liquid refreshment will be available in the Pavilion, and in the evening there will be a dance in the Students' Club at the Hospital.

We hope that everyone at Guy's will bring along families, relations and friends and that all will join in the events.

Yours etc.,

J. S. TOMKINSON, *President.*
J. M. ROBERTSON, *Captain.*

Guy's Hospital, S.E.1.

Ladies' Golfing Society

SIR,—The Guy's Hospital Ladies' Golfing Society play at Addington Golf Club, Shirley Church Road, Croydon. It is a beautiful course and the professional, Mr. Robin Robson, is a first rate coach. Free tuition by Mr. Robson has been arranged for members of the Guy's Hospital Ladies' Golfing Society under the auspices of the Golf Foundation. Mr. Robson is interested in coaching complete beginners as well as those who have played previously and he has offered to lend clubs if necessary. Coaching sessions will be on Wednesday afternoons at 3 p.m. as follows :—

May 20th and 27th ; June 10th, 17th, and 24th ; and July 8th.

194A 'buses from East Croydon Station pass near the Club (ask the conductor for South Way).

Ladies interested in golf should get in touch with me as soon as possible.

Yours etc.,

PENELOPE BOULTON HEWITT,
Hon. Secretary.

Guy's Hospital, S.E.1.

PEDAGOOGLY.—XXIV

Those slender limbs, those deep blue eyes !
The diagnosis, I surmise,
Is osteogenesis imperfecta (or fragilitas ossium).
So for a diagnostic test
I shall embrace her round the chest.
Is it osteogenesis imperfecta (or fragilitas ossium) ?
She breaks into a thousand pieces.
To her I dedicate my thesis
On osteogenesis imperfecta (or fragilitas ossium).

TO THE WEST INDIES IN "THEODORA" — V.

It was with deep regret that I left the General Hospital, Barbados. I had never expected to see the risus sardonicus of a boy with tetanus, or to feel the crackle of gas gangrene under my fingers ; nor had I expected such support and friendship from those with whom I had the good fortune to work. It was difficult at times with a hundred patients in the wards, casualty duties on alternate days and one night in four, and six operating sessions a week. It was maddening too, on occasion, but never remotely dull, and the clinical material was amazing. Sometimes I thought I was being hard done by, but was always chastened to find that my superiors were even more hardly done by, as far as working hours, than myself. I shall always be grateful for my three months in Barbados.

After sailing 2,700 miles and spending two months cruising between Trinidad and Antigua, *Theodora* spent a week swinging gently in Carlisle Bay to recuperate, looking her old graceful self with her topmast now in position. Once again her lockers were filled with tins and her tanks with water and fuel in preparation for another long journey, this time to Washington.

We had a brisk start out of the bay after the Herons had finished racing at lunch time, and by nightfall the long, low outline of the island was well out of sight and the less poignant memories fast fading. Breakfast saw us at anchor under the formidable shadow of the Fort de France in Martinique, and we spent an enjoyable day picking up Calor gas, laying in thirty litres of vin ordinaire for our immediate needs, and having a good lunch at Chez Etienne, during the course of which we shamelessly dropped ice into the wine, as the hot season was well under way.

Theodora knew her own way up the lee of the islands to English Harbour ; fortunately the wind was light enough for us to put up the jackyard topsail, just so that we could come sweeping into that minute creek, take it down again and round up to anchor beyond Nelson's Dockyard. We were told that it was worth it by the audience we had hoped for, consisting as it did of other trans-Atlantic yachtsmen. Two days sufficed for loading the provisions and gear that were waiting for us, and assembling and hoisting the squaresail yard, but we had to press on, so, saying goodbye to *Dayspring* and other of our friends, we hoisted virtually every available sail and sailed her away from the quay and down between the hills and cliffs of the creek. As we rounded Fort Berkley and came on to our westerly course, we came under the baleful eye of a solitary cannon, protruding through one of her grim embrasures. It did not take much imagination to see the haze of smoke from the smouldering slow-match and the red-hot round shot glowing in braziers in readiness behind the battlements. No wonder the French never succeeded in capturing the place.

Light winds carried us to the Virgin Islands, an enchanting ring surrounding what is practically a lagoon, known as Sir Francis Drake's Channel. Daniel and I rigged up a board which we towed from the bowsprit ; it was arranged in such a way that one could make it dive by pressure of the forearms, and wearing mask and schnorkel we watched the coral reefs drifting under the keel as we broke through the ring. After some practice we were able to swoop up and down at will, though until we had the technique we were liable to come up under the bilges and it required a lot of kicking and wriggling before regaining the surface.

There is a small private slip at Beef Island and under the watchful eye of Alan Bentham we were hauled up for a final scrub and paint. The bottom was found to be in perfect order, and in the course of the day we had covered it with a further coat of Kobe green (ourselves too) and ran her, rumbling and with spars dancing, back into the little bay. That night we had a party at the twelve bed hotel, which, with the slip, forms the entire raison d'être of the bumpy square mile of Beef Island.

As soon as we left the bay we hoisted the squaresail and half the hands sat along the yard swinging their feet, awed by the timeless beauty of the islands, picked out against the lucent blue of the sea by the falling sun. A belly full of supper restored more normal spirits (we now have four recently ex-public schoolboys, three girls, the captain and myself) and we turned in to the soothing creek of the gear as the remnants of the Trade Winds blew us on to Puerto Rico. The following day we set the raffee topsail for the first time, and our first glimpse of American territory came into view ; we also had our first contact with the U.S. Navy when a small warship was too busy to acknowledge our dipped ensign ; the only time I have known a warship of any nationality fail to do so.

San Juan, chief city and port of Puerto Rico, is a very marked contrast from the other West Indies. It still has a marked Spanish atmosphere, and though the people speak English, they don't appear to understand it well, and Spanish is spoken as a rule. It is a large, prosperous place, with well stocked shops, and large prosperous cars; everyone is friendly and many of the girls startlingly beautiful. The island has clearly been well exploited by America, to the benefit of both, and local products abound. Architecturally the city is not unlike a cross between Lisbon and Funchal, and is largely built within the confines of a hugh fort ; under its beetling walls, on the seaward side, there is also a most impressive shanty-town slum. We liked it ; shopped, drank fruit juice in hugh quantities, wandered around the cobbled streets in the rain and eventually landed up in the cinema.

The run from San Juan has been notable for the variety of conditions and wind direction. In general they have been light, at times entirely absent, giving splendid opportunities for swinging outboard on the squaresail outhaul and plummeting into the sea, or being towed behind in a bosun's chair ; however, there have been a few sudden and dramatic storms. On one occasion, we had been becalmed for the greater part of a day and a night, and as dawn broke there was a large, black bank of cloud to the North. It was growling a little and at intervals it glowed, suddenly and picturesquely. At first it seemed inclined to pass by to the West, but it was only feinting, because with no further warning it extended its left forepaw and scooped us in. We were already taking in sail, but in no time the cloud burst, laid us practically on our beam ends and flayed us with lashing rain ; exhilarated by this after hours of inaction, the crew fell upon the halyards and sails (or rather the other way about) as first we rounded up to take three rolls in the mainsail and then bore away, flying before the hissing seas so as to lower the big jib in the lee of the mainsail. To heighten the dramatic effect our cloud obligingly flung jagged, crashing bolts of lightning all around us ; it must have been a little put out to see the crew leaping with joy, and covering themselves and each other with detergent, frothing in the driving rain.

As suddenly as it came, the wind left us in a colossal rumbling cavern, with shafts of sunlight pouring through ermine fringed tears in the roof, as if probing for El Greco's Christ in the garden of Gethsemane. Soon we bobbed out of the mouth of the cave, and began to heel gently to a light southwester, enabling us to hoist all our light weather fore and aft canvas, and dry ourselves in the sparkling sun.

* * * * *

That was some days ago, and since then we have passed through the Gulf Stream, and are beating round Cape Fear in the sombre bottle green sea. Our immediate destination is the Beaufort Inlet, where we enter the inland waterways that will carry us up to Washington. We are practically becalmed again now, just off Frying Pan shoal, but yesterday we were making heavy weather, plunging into the short, unpleasant sea that the strong Northeaster rapidly stirred up.

C.H.S.

MEDICOS LOOK AT . . . .

A psychiatrist ought to write about the subject of young girls going mad in plays, etc. It has been possible to collect four examples of what dramatists and librettists know will be a moving, even harrowing, spectacle. Usually the madness leads on to death by suicide or some other means. In *Danton's Death*, the young wife of one of the revolutionaries condemned to death goes mad and walks about the streets of Paris saying things which ultimately lead to her being guillotined. The pathos of a young woman losing her mind has a powerful, emotional effect on the audience and one is reminded of the most famous mad scene of all—Ophelia in *Hamlet* after her father's death. She also dies shortly afterwards and her death is described by the Queen in that wonderful passage "There is a willow grows aslant a brook . . .". Olivier in his film of *Hamlet* made the great mistake of showing the actual death of Ophelia. Shakespeare's description is more than enough. In the ballet *Giselle*, the young peasant girl goes mad when she realizes that her betrothed is a prince already pledged to marry a princess. She dies of a broken heart after what is one of the most poignant scenes in ballet. According

to the programme the most famous mad scene in opera is in *Lucia di Lammermoor*, by Donizetti, completed in 1835. This opera was seen only once in London in the last fifty years and was recently performed at Covent Garden. Lucia goes mad because she has to marry someone not her lover, and then dies. In the mad scene she sings the famous aria in which she follows the solo flute up and down the scale. The sadness of the scene is somewhat lessened because of this.

Recently in the *British Medical Journal* (28/2/59) there was the report of a discussion on a "phobic anxiety-depersonalization syndrome" following, in 83% of cases, circumstances of a painful or disastrous nature, usually of an acute kind. Bereavement in women was a frequent cause. The loss of a father, a husband or a lover were the causes in the four examples which have been described and perhaps medically the madness in these young women could have been expected. The authors might have only guessed this, but they certainly knew what would be the dramatic effect of the plight of their characters and usually these scenes evoke the strongest feelings of pity in the audience.

What is it . . . . . The Quodlibet?

Despite the fact that the first guest speaker came from the Russian Embassy, the Quodlibet is not a society of communists, of fellow travellers, or even of travellers (only one of it's members marched from Aldermaston, and only one marched to Brighton). Nor can it be called reactionary, since it numbers two *Gazette* editors to a single *Pulse* editor among its members.

Formed a year ago by a group of students who wanted an opportunity to hear and discuss topics other than medicine, the Quodlibet ("What you will") Society is now firmly established. It may be that the name is responsible for the frequent question 'What is the Quodlibet ?' As one critic so rightly observed 'It's so daft having a Greek name'. Other reasons for its mystery are that it is not subsidized by the Clubs' Union, and that it meets comparatively late at 8 p.m. When formed, it was hoped to have 50-60 members who would come to at least one out of every two meetings, so providing about 40 people each time. This has been realized, and it makes possible an informal atmosphere for frank discussion rather than a ward-round-type question-and-answer routine.

The monthly meetings are held in the upper reading room of the Students' Club, after the speaker has dined with four or five members in "The George". The guest speaks for three-quarters of an hour on a subject of his choice, and after a break for coffee or a visit to the bar, questions and discussion follow for the second-half of the evening. Subjects have ranged wide from archæology, films and journalism, to politics and sociology. Speakers invited are eminent in a non-medical field and are known to be stimulating speakers. Last year's speakers included Ivor Brown, Sir David Keir, Lionel Hale, and Sir Miles Thomas. Future visitors will include Lord Stonham, Paul Dehn, Gerald Gardiner, Q.C., and a mysterious itinerant American—a transatlantic tip from Dr. Lessof.

All visitors are promised that they will not be reported verbatim in print ; how else could one hope to hear what the Bishop of Southwark thinks about the Prime Minister, or where the true political sympathies of a *Daily Telegraph* editor lie ?

The Society is open to all staff and students. At present most of the members are clinical students, with a minority of preclinical students and housemen. The Patrons are Sir John Conybeare, Professor Butterfield and Dr. MacKeith, who have been a great help during this inaugural year. The subscription is 6*s*. per year, which pays for the speaker's dinner and for refreshments during the meeting. As some of the members will be leaving Guy's soon, there will be room for more members : anyone wishing to join should contact the Secretary, Roy Meadow. The Quodlibet does not have a permanent chairman ; members take the chair for one meeting in turn.

The next meeting is on Thursday, 18th June, when Mr. Reyner Banham of *The Architectural Review* will talk about modern architecture. It is hoped that he will have time to see the New Surgical Building before the meeting. The usual press censorship will be exercised.

REVIEW

Clinical Chemistry in Practical Medicine. By C. P. STEWART, D.Sc., Ph.D., and D. M. DUNLOP, B.A., M.D., F.R.C.P.(Edin.), F.R.C.P.(Lond.). Fifth Edition. E. & S. Livingstone, Ltd. Edinburgh and London. 1958. 342 pp. *Price* 26*s.* 6*d.*

This book contains chapters on the collection of samples for laboratory tests; water and electrolyte metabolism; acidosis and alkalosis; plasma proteins; carbohydrate metabolism; tests of renal, hepatic, gastric, pancreatic and thyroid function and intestinal absorption; cerebrospinal fluid; calcium and phosphorus; and endocrine and miscellaneous metabolic abnormalities. There are two appendices, one on methods and another on the normal composition of urine and blood. A brief dissertation is given on the physiological rôle of the organ or metabolite under consideration; and there follows an account of the various methods of testing function with the pathological findings, and some indication of the complexity, from the point of view of the laboratory, of the tests described.

The book is quite excellent, though it is a pity that no bibliography is given as a guide to further reading. The authors modestly address themselves to the senior student, the house physician and the practitioner, and for these this book should be compulsory reading. In your reviewer's opinion the book could be read with profit by many more in the profession, not excluding some pathologists.

W.H.H.M.

SPORT

GOLF CLUB

At the Annual General Meeting on 13th May 1959, the following officers were elected :

President :
N. L. Eckhoff, Esq.

Vice-Presidents :
Dr. K. Maclean.
Dr. J. C. Houston.
R. H. F. Brain, Esq.
T. L. T. Lewis, Esq.
D. M. Holmes.

Captain :
R. J. Cockerill.

Secretary :
P. Kelly.

Committee :
K. G. Richards.
T. Tetlow.
M. Wilson.

CRICKET

Guy's v. Ossett

2nd May, 1959. Result—Match Drawn

Guy's

M. Pagliero, c. Bryant, b. Gregory	8
J. C. Cook, b. Migliorini	1
R. Myall, run out	21
T. Huins, ct. Gregory, b. Cresswell	46
P. Sievers, run out	0
M. Ribiero, run out	14
Z. Cader, not out	26
M. Williams, ct. Lester, b. Bryant	1
R. Norman, ct. Cresswell, b. Bryant	6
G. Bury, not out	4
Total for 8 wickets	133

D. Biggs, did not bat.

Ossett ... 155

Bowling : Williams 1 for 22, Biggs 2 for 19, Cader 4 for 53, Myall 3 for 38.

Guy's v. Dulwich

At H.O.P. 3rd May, 1959

Match Abandoned

Guy's

J. C. Cook, ct. Rice, b. Allen	7
C. W. Cook, not out	40
M. Pagliero, not out	15
Extras	6
Total for 1 wicket	68

I. Gibson, T. Huins, J. Dyde, R. Myall, G. Bury, Z. Cader, R. Norman, D. Biggs, did not bat.

Guy's v. Wanderers

At H.O.P. 6th May, 1959

Result—Won

Guy's

M. Pagliero, ct. Penfold, b. Harman	0
R. Juniper, ct. Lockhart, b. Cousins	18
I. Gibson, l.b.w., b. Cousins	42
T. Huins, st., b. Cousins	25
P. Sievers, ct. Clain, b. Cousins	6
R. Myall, l.b.w., b. Prescott	51
Z. Cader, ct. Lockhart, b. Prescott	5
G. Bury, not out	28
R. Norman, ct. and b. Cousins	20
M. Williams ct. Prescott b. Cousins	0
A. Leigh-Brown not out	5
Extras	9
Total for 9 wickets declared	209

Wanderers for 10 wickets ... 154

Bowling : Gibson 6 for 59, Leigh-Brown 2 for 26, Cader 1 for 23.

Guy's v. Honor Oak

At H.O.P. 9th May 1959

Result—Match Drawn

Guy's

M. Pagliero ct. Johnson, b. Foster	6
J. C. Cook, b. Baker	11
I. Gibson, b. Cheesman	19
G. W. Cook, b. Foster	45
J. A. Dyde, c. and b. Cheesman	31
Z. Cader, b. Foster	5
R. Myall, b. Cheesman	3
M. Ribiero, ct. Cheesman, b. Foster	6
G. Bury, not out	7

R. Norman not out 3
M. Williams, did not bat.
Extras 14

Total for 8 wickets 150

Honor Oak for 10 wickets 166

Bowling : C. W. Cook 7 for 47, I. Gibson 1 for 50, M. Williams 2 for 43.

Guy's v. Ashstead

At Ashtead 10th May 1959
Result—Match Drawn

Guy's

R. Juniper, not out 79
J. C. Cook, b. Skinner 72
M. Pagliero, not out 30
R. Myall, Z. Cader, G. Bury, M. Rubiero, R. Norman, A. Leigh-Brown, E. Barker, P. Banks, did not bat.
Extras 8

Total for 1 wicket declared 189

Ashtead for 8 wickets 168

Bowling : Leigh-Brown 2 for 42, Myall 2 for 38, Cader 3 for 49, Pagliero 1 for 13.

Guy's v. Stoics

13th May, 1959 Result—Won

Guy's

R. Juniper ct. Miller b. Champliss .. 66
I. Gibson, b. Iberson 30
C. W. Cook, l.b.w., b. Iberson 19
M. Pagliero, b. Iberson 19
T. Huins, c. and b. Iberson 4
Z. Cader, l.b.w., b. Iberson 17
J. Cook, b. Iberson 0
G. Bury, not out 5
Extras 19

Total for 7 wickets declared .. 179

Stoics for 10 wickets 132

Bowling : C. W. Cook 7 for 59, I. Gibson 1 for 32, Z. Cader 2 for 4.

LADIES' LAWN TENNIS

1st VI v. Middlesex Hospital 1st VI

J. E. Siarey and J. C. Cridlan, Won 2, Lost 1.

P. Cave and D. Lagarowska, Won 1, Lost 2.

J. Craig and D. Grant, Won 1, Lost 2.

Result : Lost 5 matches to 4.

1st Round Inter-Hospitals' Cup

1st VI v. London Hospital 1st VI

J. E. Siarey and J. C. Cridlan, Won 1, Lost 1, 1 unfinished.

K. M. Allsopp and J. Ransome-Wallis, Won 2, Lost 1.

J. M. Hall and D. Lagarowska, Won 2, Lost 1.

Result : Won 5 matches to 3, 1 unfinished.

HOSPITAL INFORMATION

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the **Lambrinudi Memorial Scholarship.** Candidates should have completed their preliminary training in Orthopaedic Surgery and have held the post of Orthopaedic Registrar in a Teaching Hospital and wish to prosecute further the study of Orthopaedic Surgery in any of its branches either by way of post-graduate study or travel or by research work in Orthopaedic Surgery. The value of the Scholarship is approximately £100. Applications with names of three referees should be sent to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **19th June, 1959.**

ROYAL COLLEGE OF PHYSICIANS OF LONDON

Fellowship

The following have been elected to the Fellowship :

L. P. R. Fourman C. A. Lillicrap
N. M. Jacoby Min Sein

APPOINTMENT

Mr. Alan C. Campbell F.D.S., B.D.S., D.Orth., M.R.C.S., has been appointed part-time Consultant Dental Surgeon to Paddington Green Children's Hospital, London, W.2. (St. Mary's Hospital).

PASS LIST

CONJOINT BOARD

D.P.M.

C. P. B. Brook

L.R.C.P., M.R.C.S.
Final Examination
April, 1959

Surgery

*E. D. Keen

Medicine

D. A. Wright

*Has completed the examination.

GUY'S HOSPITAL MEDICAL SCHOOL

The following awards have been made:—

Treasurer's Medal and Prize in Clinical Medicine

March, 1959

R. B. Huddy —Medal and Prize.
Miss M. R. H. Webb—Certificate.

Charles Oldham Prize in Ophthalmology

March, 1959

I. D. B. Rennie —First Prize £66.
R. J. Heald —Second Prize £33.

Wooldridge Prize in Physiology

March, 1959

B. S. Worthington—Prize.

Michael Harris Prize in Anatomy

March, 1959

B. S. Worthington —Prize.
D. R. Turner —Certificate.

NURSING NEWS

Left :
S/M A. Carter from *District.*
S/N M. Clark from *Victoria.*

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d. 3 lines 7s. 6d. Box Numbers 6d. extra.
Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

THE INTER-VARSITY CLUB presents the seventh Universities' Midsummer Ball at the Royal Festival Hall, on Friday, 19th June, 1959, 11 p.m. to 5 a.m. Double Tickets 2½ gns. including Buffet. Music by the George Melachrino Orchestra. *Tickets on sale from* 21st May from The Midsummer Ball Organiser, Inter-Varsity Club, 49 Hugh Street, London, S.W.1. Tel. VIC 4625 (evenings only to 7th June, 11.30 a.m. to 10 p.m. from 8th June). Evening Dress or Dinner Jacket.

COSTA BRAVA VILLA. Month of July. *Small party Guy's people have few vacancies.* Rental about £2 10s. per week, with service. Box No. 179.

POSITANO (Between Sorrento and Amalfi) delightful villa overlooking sea. Room, baths, breakfast, dinner, service, equiv. 25/- *inclusive.* Write: Amalia Cafiero, Positano, Salerno, Italy.

To Let

HAYLING ISLAND—Furnished house to let in pleasant grounds June 7th-21st. 15 gns. per week. Box No. 178.

INDEX 1958 may be obtained free of charge from the *Gazette* Office, or Wills Library—Binding Cases 4s. 6d.

BINDING. Have your *Gazettes* Bound. 10/6 per volume. Apply The Librarian, Wills Library, Guy's Hospital Medical School.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Batchelor J. S. The Surgery of the Hip. *Proc. R. Soc. Med.*, 1959, **52**, 355.

Davies H. E. F. and another. The Excretion of Acid in Renal Disease. *Quart. J. Med.*, 1959, **28**, 259.

Douglas, Donald M. Spontaneous Hyperinsulinism due to Benign Hyperplasia of Islet Cells. *Arch. Dis. Childh.*, 1959, **34**, 171.

Forgacs, P. and others. Effect of Intramuscular Injection of Pituitary Tissue in Rheumatoid Arthritis. *Ann. rheum. Dis.*, 1959, **18**, 34.

Goodfellow J. W. A Study of the Incidence and Treatment of Burns in a General Hospital. *Brit. J. Surg.* 1959, **46**, 507.

Hayton-Williams, D. S., Mayhew, R. A. J. and another. Incidence of "Muscle Pain" after Short-Acting Relaxants. *Brit. med. J.*, 1959, i, 904.

Horton, R. E. Ruptured Mycotic Aneurysm of the Superior Mesenteric Artery. *Brit. J. Surg.*, 1959, **46**, 541.

Houston, J. C. Tonics. *Brit. med. J.*, 1959, i, 1236.

Joiner, C. L. Rate of Clearance of Insulin Labelled with ^{131}I from the Subcutaneous Tissues in Normal and Diabetic Subjects. *Lancet*, 1959, i, 964.

Kinsbourne, M. and another. Idiopathic Infantile Hypoglycaemia. *Arch. Dis. Childh.*, 1959, **34**, 166.

CHANGES OF ADDRESS

J. D. Chard, M.B., B.Chir., D.R.C.O.G., Bel Canto, 49, Offington Avenue, Worthing, Sussex. (Swandean 2040).

C. B. Thomson, M.R.C.S., Boreen, Brimley Road, Bovey Tracey, Devon.

BIRTHS

CALNE.—On 10th May, 1959, at The Lambeth Hospital, to Patsy, wife of Roy Yorke Calne, F.R.C.S. a daughter (Sally Caroline), sister *for Jane Anne.*

CHARD.—On 12th May, 1959, at Worthing, *to Margaret (née Naters), and John D. Chard,* M.B., B.Chir., a son (Michael James), a brother for Christopher and Nicholas.

LAMBERT.—On 20th April, 1959, to Anne (née Williams, S.R.N.), wife of Anthony Lambert, a daughter (Philippa Anne).

PARSON.—On 10th March, 1959, at Rocanville, Saskatchewan, to Roxana, wife of Joe Parson, M.B., B.S., a daughter (Gillian Elizabeth), a sister for Christopher and Amanda.

RUGGLES.—On 2nd April 1959, at All Saints Hospital, Chatham, to Margaret and Peter Ruggles, M.B., B.S., a son (Paul John), brother for Jane and Susan.

WATSON.—On 3rd May, 1959, at Shrewsbury, *to Winifred (née Moncrieff), wife of William* H. Watson, M.B., D.(Obst.)R.C.O.G., a daughter.

WHITE.—On 8th April, 1959, at Buckland Hospital, Dover, to Micheline (née de Groote), and Christopher W. E. White, L.D.S., a son (Benedict Christopher), brother to Gaetan and Alexander.

WILDERSPIN.—On 26th April, 1959, to Rosemary (née Coles, M.C.S.P.), and Kenneth Wilderspin, M.B., B.S., Hillsboro', Bracknell, Berks, a son (John Francis), a brother for Susan.

WILKINSON.—On 12th May, 1959, at 17, Wroxham Drive, Wollaton, Nottingham, to June (née Coghill, S.R.N., S.C.M.), wife of Ronald Wilkinson, B.A., B.Sc., a son, Mark Johnathan, brother for Joanna.

WILLIAMS.—On 7th May, 1959, at Brighton, to Audrey (née Gentle) and Cyril G. MacG. Williams, L.D.S., the gift of a daughter (Penelope).

WILSON.—On 27th April, 1959, at Maternity Hospital, Cambridge, to Margaret (née Wylie), and Trevor Wilson, B.M., B.Ch., a son, Alistair John.

WURR.—On 2nd May, 1959, to Anne (née Tunnicliffe, S.R.N.), and John Wurr, M.A., A.M.I.E.E., of 1054 Lackawanna Court, Sunnyvale, California, a son (Jolyon Stuart), brother for Juliet, Lucienne and Chloe.

MARRIAGES

GLAZEBROOK—HUGHES.—On 4th April, *1959,* at St. Bartholomew's Church, Roby, Liverpool, George Alan Llewelyn-Griffyd Glazebrook, M.B., M.R.C.P.E., D.M.R.T., to Marion Margaret Hughes.

KING—HEADLEY.—On 13th May, 1959, at Duke Street Baptist Church, Richmond, *Raymond Lowe King,* M.B., B.S., *to Marion* Veronica Headley, M.C.S.P.

MAY—ROBERTSON.—On Whit Monday, 1959, at St Paul's Church, Hook, Surrey, Roger W. May, M.B., B.S., to Diana Elizabeth *Robertson.*

DEATHS

HOLE.—Kenneth Hill Hole, O.B.E. (Mil.), M.B., B.S., Surg. Capt., R.N. (Retired), 4, Upper Knollys Terrace, Plymouth, Devon.

HOLLIS.—On 7th May, 1959, suddenly at Ravelrig, Lower Warberry Road, Torquay, Devon, Peter William Thomas Hollis, M.B., B.S. Aged 37.

EDS. { J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1849 *6th June* 1959 *One Shilling*

PASSIM

THE retirement of Dr. Arthur Hampson is a sad occasion for all his many friends at Guy's. He is a man who by his sympathetic clinical approach, his constructive teaching, his unfailing modesty and his gentle humour has earned profound respect as well as deep affection among the countless men and women who have come under his influence. It was characteristic of him that he avoided the "occasion" which his last round would undoubtedly have been, by retiring quietly a few days before the appointed day. The heartfelt good wishes of all of us go with him and Mrs. Hampson in what we know will be a fruitful and a happy retirement.

It is with great pleasure that we announce the appointment of Dr. C. L. Joiner as Assistant Physician to the Hospital, and we offer to him our most sincere congratulations.

We offer our warmest congratulations to the Guy's graduates who achieved Honours in the London M.B. examinations last month. Miss Jean Kubale was Distinguished in Surgery and in Medicine; Mr. J. S. Cameron in Applied Pharmacology and Therapeutics, and in Obstetrics and Gynaecology; Mr. M. J. S. Langman in Obstetrics and Gynaecology; and Mr. R. Marks in Applied Pharmacology and Therapeutics.

We were a little surprised at the vehemence with which the nursing staff condemned our last *Passim*, when we asked why patients are woken at 6 a.m. We know that only a major reorganization, such as a 7.30 start for day staff, could allow a later hour, and it was not useful to suggest such changes when we knew that they have been repeatedly and knowledgeably discussed by the nursing staff at every opportunity. Sister Rix agrees, however, in her letter in this issue, that patients often fail to understand why they should be awakened so early, and sometimes resent it. We think it right that such questions should be answered, ably and publicly, in our pages, so that we cannot regret raising the point, in spite of some chill winds of opinion from nursing circles.

Two visitors may now call on each patient in the evening half-hour at 7 p.m. This is a sensible and kindly relaxation of the "one only" rule which was published when daily visiting started in March.

The Innominate Club dined at the Trocadero on 5th June, the guest of honour being "Doc" Hancock. Mr. G. F. Gibberd was in the Chair.

This issue of the *Gazette* contains a further instalment of Mr. Lees Read's detailed and informative chronicle of the Rebuilding of Guy's, which has proved so popular. New Guy's House is rapidly approaching the day when it will be absorbed into the organic life of Guy's. While he was preparing this article, it was pleasant to be reminded by Mr. Lees Read how closely dependent the surgical building will be upon the present hospital, in such matters, for instance, as food. While experts are awestruck at the new sterilizers, theatres and other unique features, the new building will be far from independent in any sense which would make it a separate hospital or an annexe. Under Hunt's House, Mr. Kingston, the Catering Officer, is preparing for the increase in the number of mouths to be fed in a year's time. A new trolley park is an impressive feature, tiled and well lit, with scores of trolleys plugged in at their own "berths". Seven stainless steel boilers, a five-range oven, three automatic mixers of impressive capacity, immense gas ovens and cold cabinets, and a newly enlarged butcher's shop, all promise well for the welfare of the inner man, when his outer self is cared for in ultra-modern style a twelvemonth hence.

Mr. H. Mankelow, a familiar figure as Porter in the York Clinic, has retired after 47 years at Guy's. We congratulate him on this splendid record and wish him a happy retirement.

An interesting meeting this week is that of the Guy's Hospital Wine Society, who are to be addressed by Mr. T. A. Layton on "The Wines of the Rhine and Moselle", which will then be thoroughly tasted.

The ugly metal piping carrying air vents from the basement of Hunt's House to the exterior, which threatened to spoil the Park by its dull silver, angular appearance, has been transformed by the Works Department into a most attractive long bench seat. An agreeable wood and an attractive design have been allied with craftsmanship in a way which has added greatly to the good looks of the Park.

The Art and Photographic Exhibitions are now open, and again give a first impression that several visits will be well rewarded by the interesting and attractive, and often remarkably accomplished exhibits.

The medical firms have been changed so that the physicians are differently coupled. Details of the new firms may be seen in the list of House Appointments on page 236. In the general change of bed allocation, *Bright* and *Wilks* have become male wards, while *Addison* is now female.

Luke ward has had to be closed as a precaution, following identification of *staphylococcus aureus* of phage type 80 in two patients. Active steps have been taken under the direction of Dr. W. H. H. Merivale, recently appointed as Control of Infection Officer. Meanwhile, admissions have been limited in some other surgical wards.

A television set has been installed in the College Reading Room by the Students' Union, where it will be very popular during Wimbledon, Ascot and the Test Matches. But where, now, is the clinical student to doze ?

GUY'S DIARY

JUNE			Exhibition. Department of Surgery. *Treatment of Carcinoma of the Breast.*
9th	T	1.00	Mr. A. J. Bridge. Dental Clinical Lecture *Cysts of Odontogenic Origin.*
11th	Th	1.00	Dr. Hardwick. Clinical Lecture.
12th	F	1.00	Dr. Houston. Clinical Lecture.
13th	S	10.00	Surgical Departmental Round. Mr. Lewys Lloyd (St Olave's Hospital). Clinical Theatre.
16th	T	1.00	Mr. Eckhoff. Clinical Lecture.

OBITUARY

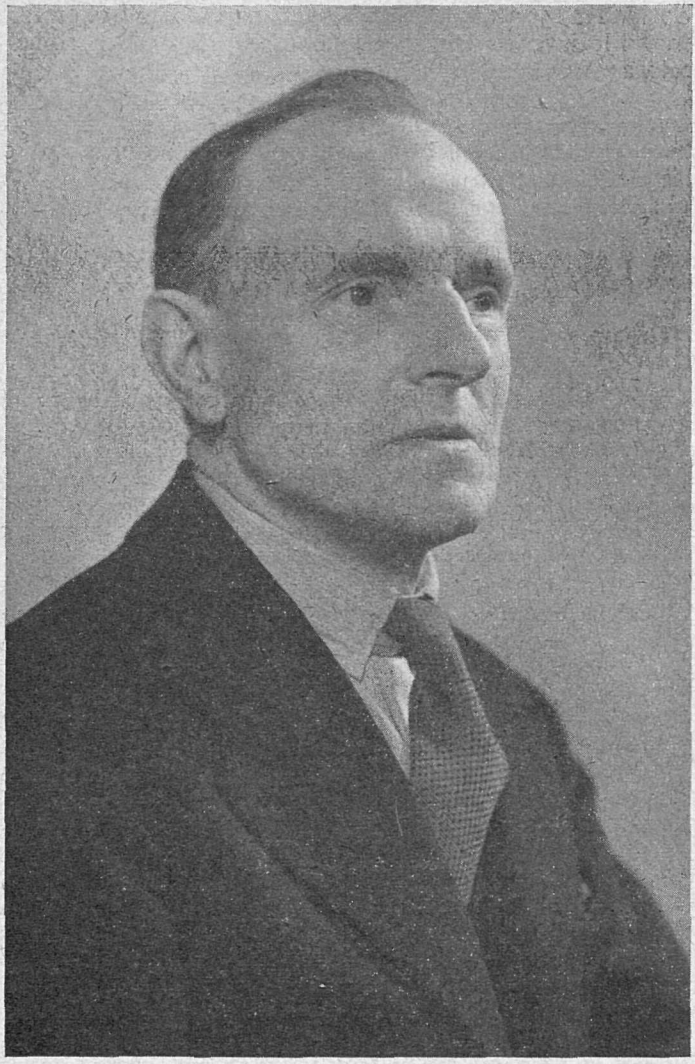
WILLIAM JAMES PUTNAM SYMONDS, B.M., B.Ch. (Oxon.).

The untimely death of Dr. Symonds in Toronto at the age of 36, has been a sore blow to his many friends and patients both at Guy's and in Toronto. He left New College, where he was a medical student, to join the R.A.F. as a pilot, and after the war he completed his clinical work at Guy's Hospital, where he obtained house appointments, and later a Junior Staff appointment in the face of strong competition. In 1953 he emigrated to Canada with his family, where for a time he worked in a life assurance office. However, he soon realised that this was not the life he wished to lead, and set up in private practice, confining himself to medicine. In addition he held an appointment as Clinical Assistant at the Toronto General Hospital.

He was not only a doctor of first class ability, but he also quickly became the trusted friend and confidant of his patients. His practice grew rapidly, and within a short time he was one of the hardest worked practitioners in Toronto. In spite of this he never spared himself, and was always ready to listen to the problems of his patients, and give them kindly and sympathetic advice. It is permissible to quote a tribute from a patient: "I am only one of his many patients who will miss him very much, for a doctor whose many fine qualities and whose genuine interest and kindness inspired complete confidence and respect, will not easily be forgotten".

We express our sympathy to his widow and his parents, Sir Charles and Lady Symonds. J.J.C.

AN APPRECIATION



ARTHUR CECIL HAMPSON, *M.C.*, M.A., M.D., F.R.C.P.

On 9th June, 1959, Dr. Arthur Cecil Hampson retires from the active staff of Guy's Hospital. He entered the Hospital from Cambridge University in October, 1921, then aged 27, having served with distinction in the Royal Artillery from 1915 to 1919 gaining the Military Cross and reaching the rank of major. After qualification in 1924 he became Assistant House Surgeon to Mr. R. P. Rowlands and Mr. L. Bromley, thence an Out-patient Officer and afterwards

House Physician to Dr. J. Fawcett and Dr. J. A. Ryle. From 1926 to 1928 he was Demonstrator in the Physiology Department and Poulton Research Fellow. After obtaining the M.R.C.P. and the Cambridge M.D., he became Medical Registrar in 1928 and in 1930 for a short period Registrar in the Children's Department. In November, 1930, he was appointed Assistant Physician to Dr. Hector Cameron in the Children's Department. Five years later he left paediatrics to become Assistant Physician on the general list, and in 1947 was full Physician on the retirement of Sir Geoffrey Marshall.

During the Second World War he was Deputy Hospital Officer for Sector 10 in the Emergency Medical Service. This was the largest and most vulnerable of the London sectors. Hampson was responsible under Professor T. B. Johnston for air raid casualties, sick and wounded from the Services and for the posting of medical personnel throughout the Sector. Many of those evacuated from Dunkirk passed through this area.

Hampson is Consulting Physician to Queen Mary's Hospital, Stratford, and to the Bromley, Caterham and Beckenham Hospitals. For some years he was Consulting Physician to High Wycombe Hospital.

Such is the bare outline of his career, but there have been few at Guy's since the time of Babington more revered by their patients and respected by their students and colleagues. His ever youthful appearance is matched by his enthusiasm. As a clinician he is intensely thorough and most patient, but above all approachable and sympathetic, qualities which have endeared him as teacher and consultant. His experience has been considerable. His clinical acumen so impressed the staff of the Johns Hopkins Hospital during his visit in 1952, that in 1957 it was still a matter for comment.

Hampson is interested in gardening, golf, music, antique furniture and pictures. His house at Sanderstead contains some splendid paintings, water colour drawings and furniture, the outcome of his familiarity with the sale rooms. Knowledgeable, diffident and kindly to the tyro, his opinion on attribution is a matter for respect, even among the picture restorers.

It has been my good fortune to spend over eleven years as his Assistant Physician, during which I have on occasion been almost embarrassed by his kindness and consideration. He is indeed a man of "little showing", who will for long be remembered and welcomed at Guy's.

R.K.

The Quodlibet Society

Thursday, 18th June

DR. REYNER BANHAM

of *The Architectural Review*

"Is Architecture Good For People?"

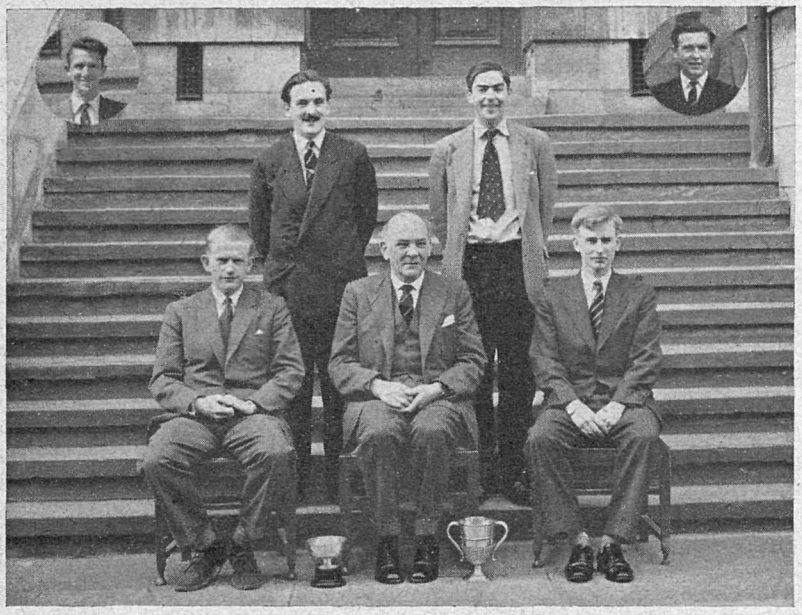
Students' Club. 8 p.m.

GUY'S HOSPITAL GOLF CLUB

1958

Winners of the Inter-Collegiate Championship of the University of London

Winners of the Inter-Hospitals' Cup



K. G Richards *T. G. Tetlow*
D. M. Holmes (Captain) *N. L. Eckhoff, Esq. (President)* *R. J. Cockerill*
Insets : A. P. Reynolds (Hon. Secretary) *R. H. Mummery*

NOTICES

TOOTHPASTE TRIAL

It would be of the greatest assistance to me if any medical or dental students who are taking part in this Survey and who have received appointments to have further bitewing radiographs taken which, for one reason or another, they have not been able to keep, would report to Dental X-ray Department before the end of June. Any weekday between 2 p.m. and 4.30 p.m. would be most convenient.

R. D. EMSLIE.

GUY'S HOSPITAL THEATRE CLUB

Next Production—December, 1959

Will anyone interested in producing a play for the Theatre Club in December, 1959, please contact the Secretary as soon as possible. Previous production experience is not essential.

RICHARD A. LEWIN,
Hon. Secretary.

NOTE—*The Editors regret that some material submitted for this issue has had to be held over for reasons of space.*

THE REBUILDING OF GUY'S HOSPITAL—IV

By B. LEES READ, *O.B.E.*, A.C.A., F.H.A.

Clerk to the Governors

THE commencement of this year saw the half-way stage of the programme for rebuilding passed, as the agreed date for the handing over of the new surgical block is 1st April, 1960, compared with the contract date of 30th September, 1960. The date for handing over is still subject to many "ifs and buts", mainly centred round delivery of equipment, but everyone is hoping to keep up to time. Progress on the structure has been rapid and the building will now appear to stand still for almost a year. This somnolence is, however, more apparent than real as a great deal of work will all the time be going on inside. It rather surprised me to be informed by the general contractors that they had, in fact, completed approximately 80 per cent. of their work and for the remaining half of the period of time required for the contract their work was largely attending on the various sub-contractors carrying out the specialist work.

The type of problem confronting the Building Committee and the various sub-committees has varied. No longer are we concerned with the type of bricks, flooring materials, stone work and exterior finishes. The emphasis is now on such things as specification for sterilizers, the detailed layout of central sterile supply, operating theatre floor, and other details of interior design and fittings.

To take sterilizers, the specification of the main sterilizer banks on the theatre floor and in central sterile supply has been settled and the contract has been awarded to Messrs. Down Brothers who submitted the lowest quotation. Brief details of the sterilizers are as follows :—

Central Sterilizing Supply :

Autoclave Bank (In order left to right).

(1) Two 45 cu. ft. autoclaves without high vacuum for sterilizing solutions.

(2) Two 30 cu. ft. autoclaves fitted with high vacuum for gowns, dressing packs, etc.

(3) One 16 cu. ft. autoclave fitted with high vacuum for emergency use or special orders.

(4) A space of approximately 12 cu. ft. which would allow for an ethylene oxide sterilizer to be installed at a later date if necessary.

Operating Theatre Floor :

One unit of two 24″ x 24″ x 36″ rectangular steam-heated autoclaves, single-ended. These autoclaves to be fully automatic high pressure and high vacuum. In each of the floor twin theatre units, one each of the following to be provided :—

(a) 8″ dia. x 24″ long, high speed un-jacketed autoclave.

(b) 30″ x 18″ x 12″ built-in wet sterilizer.

Ward Floor Sterilizers :

In each of the 14 sterilizing rooms attached to Ward Units, to be provided, one steam-heated bench top instrument sterilizer of dimensions to receive a basket 18″ x 12″ x 8″ working depth.

Ward Floors (Gynaecology Wards) :

Two bedpan sterilizers.

Casualty Department :
Two single Unit high speed 8" x 24" emergency pressure sterilizers (one for each pair of theatres).

Dental Treatment Rooms G.49 and G.48 and 6th Floor, and E.N.T.Room G.40.
One steam disinfector to each room.

Services to be provided in case disinfectors needed in the following :—

Fracture Room	G.01
Plaster Room	G.73
Septic Room	G.41

This by no means settles the problems arising in this connection. Investigations are now being made of the ultrasonic method of washing dirty surgical instruments and syringes. These ultrasonic generators were developed originally for de-greasing castings and have proved to be far more effective for cleansing instruments than any hand-cleaning would be. They will remove dry blood and tissue from between the serrations at the end of forceps and from between the joints of the hinges. The time taken to clean a batch of instruments can be measured in minutes and the labour is nothing more than that of immersing them in a tank of cold water and removing them. The size of the tank and the type of container for immersing has, however, not been fully worked out. Solid instruments could be laid flat but when this principle is used for such things as syringe barrels it is desirable for them to be at least semi-perpendicular over the wave-generating boxes in the bottom of the tank so that material from the inside of the syringe vibrated clear could fall out. If the syringe barrel were laid horizontally over the boxes the material would be loosened but would not fall clear of the barrel. This, of course, applies with increased emphasis when this method is used for cleaning hypodermic needles. It is, however, remarkably effective ; a needle filled with a solution and allowed to dry out so that it was quite impossible to force air through it, was completely clear after less than two minutes immersion in the tank. In order to make sure that the most suitable size of immersion tank is fitted and to examine the usefulness of providing a second tank containing a detergent to deal with syringes that have contained "gummy" solutions and further, to enable experiments with the methods of maintaining a continuous flow of water in the tank to be carried out, the Hospital has already ordered direct from the manufacturers an ultrasonic generating unit. This will be used to carry out experiments in cleaning instruments in the hope that ultimately we shall develop and instal the most practicable form of equipment.

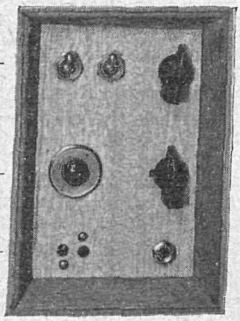
Infra-red driers and sterilizers are also to be installed and detailed specifications for these are being prepared by a small sub-committee.

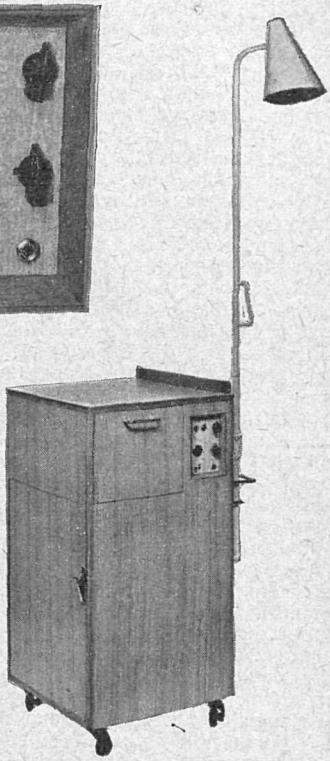
Progress has also been made in other directions : on the elimination of the necessity for cleaning and the elimination of noise. Electric light switch plates, to which reference was made in a previous article, have now been settled, the material being a grey formica. This dove-grey material of course, will not stain and requires no metal polish. It also has the advantage of being considerably cheaper than the meta lplate, though cheapness was not the objective when an alternative to metal was sought. Flexible, relatively resilient, plastic has been found suitable for kicking plates, etc., at the base of doors. This should eliminate the unsightly appearance of metal plates and also the noise that these make when after a period of time they work loose as almost inevitably happens.

One of the most interesting developments worked out by the Committee has been the modified bedside locker (Figure 1) This is a standard locker from which a small panel has been cut, and behind is mounted a box carrying the switches for the call signal, the patient's bedside lamp and the wireless programme selector switch, and a socket for headphones. The mounting of the panel behind a cut-out section of the locker is to prevent the switches being knocked against the bed and wall. Two leads run from the locker to plugs in the wall. The locker can, therefore, be moved easily to the side of the patient's bed, where all switches are to hand without the necessity of reaching to the wall behind. To enable the patient to turn the lamp over the bed the standard can be moved through an angle of between 90 and 120 degrees, and a handle on the column of the lamp just above the top of the locker enables the patient to do this relatively simply. A prototype of one of these lockers (although of course there was no connection to a call signal in the sister's office or nursing station) has been on test in various wards and all the patients have been delighted with the ease with which they could reach the switch to turn on or off their light. The lockers, of course, also provide a spot-

light for a nurse or doctor examining a patient, and if two lights are required it will be easy to "borrow" the locker from the adjoining bed. A very low wattage bulb is also to be mounted in the lamp bracket to use as a night light; this is separately controlled.

Figure I





Key: A. Patient's Light Switch.

B. Night Light Switch.

C. Wireless Station Selector.

D. Patient's Call Button.

E. Volume Control.

F. Two-pin socket for patient's call system. (This provides an alternative to D where it is necessary for the patient to have a call buzzer within immediate reach under the pillow.)

G. Headphone Jack.

It has been previously reported that four of the major operating theatres will have observation domes, and in one of these theatres arrangements have been made for an over-table diagnostic X-ray unit The mounting of this through the centre of the dome and the mechanical operation of bringing the tube down to the patient while, at the same time, preventing any question of the tube fouling the operating theatre light, has presented quite a few mechanical problems. However, Messrs. A. E. Dean and Co., the manufacturers of the X-ray equipment, and Messrs. Kelvin and Hughes, the manufacturers of the operating theatre light, have co-operated and have devised mechanical controls which will prevent the possibility of accident, *i.e.*, if the operating theatre lamp has been moved into such a position as would cause it to be hit by the descending X-ray tube, it is impossible for the X-ray tube to be brought down from its normal position of rest in the dome. Equally, if the tube has been lowered it would be impossible to rotate the operating theatre light so that it would crash into the tube column. If this equipment proves to be satisfactory and a desirable asset in the operating theatres, a further set could be installed in a second of the domed theatres, which has been strengthened for this purpose.

Mrs. Barbara Boland, who is planning the furnishings and colour schemes, has been working exceedingly hard with a small group of the nursing staff on the designs and the fittings in the various rooms attached to the wards. The most interesting layout is probably that of the ward kitchen and it is difficult to explain the amount of work that has been put into its design. The actual jobs to be done in the kitchen, the quantity and type of crockery, etc., to be used and stored have all been considered in relation to the relative working areas. Distances between

shelves have been decided upon according to the article to be stored, and the whole layout arranged to make a smooth flow of work possible. Particular attention has been paid to the materials used, and formica is used extensively on all working surfaces. Originally the plans provided for a dish-washing machine to be included in the kitchen equipment. This was deleted subsequently as reports on the machines then available rather indicated that they were not very satisfactory. In the interim there have been many developments in these and satisfactory dish-washers are now available. This has, in fact, brought home the truth of the saying that a hospital is out of date before it is finished. One of the most efficient types of dish-washing machines on the market requires, when in operation, a very substantial electricity supply. With seven ward kitchens one above the other the probability is that all seven dish-washers would be brought into action almost simultaneously and the combined demand of the seven washers of the type referred to was greater than the power lines laid into the kitchens could carry. At first it looked as though we could not use such machines, but it now appears that this apparent disadvantage may turn out to be an advantage, as this led to our asking the manufacturers if it would be possible for the water temperature to be boosted by steam rather than by electricity. In the thousands of hospitals throughout the country the vast majority will have a steam supply available but not electricity cables capable of carrying this load. The manufacturers of this machine, appreciating this fact, have worked hard and will probably be successful in producing a model which will operate, so far as water heating is concerned, by steam. If this proves to be correct then they will be cheaper to operate and simpler to maintain.

In the last article on rebuilding I referred to a visit and inspection of hospitals in Germany, Austria and Belgium that had been made by my Deputy. His report on what he saw was most interesting but in the main is hardly appropriate for inclusion in an article on the rebuilding of Guy's. However, certain items he saw are being incorporated in New Guy's House and probably the most important of these arose from an inspection of the Accident Hospital in Salzburg. Here ambulances drive into and through the building as they will in New Guy's House. Doors are placed at either end of the ambulance drive-in so that the actual unloading bay can be kept warm and not become a cold wind tunnel in the winter months. The size of our drive-in and its position relative to the building made the fitting of doors almost impossible, but this question of heating the unloading area is being dealt with by building into the roof of the unloading bay infra-red heating lamps ; these, while not heating the air in the entire area, give warmth to anyone directly in the path of the infra-red ray, *i.e.*, the patient coming out of the ambulance, attendants and any staff being with the patients at that time. Several other ideas have been adopted such as the use of flexible plastic covered rods suspended from the curtain runners for pulling the curtains round the bed. This avoids dragging on the curtains themselves with resultant wear and tear.

One of the best things seen by Mr. Burfoot was an electric light switch more easily operated and of a very silent type when compared with the normal tumbler switch. These are just coming on the market in this country but unfortunately it was too late for us to adopt them as large numbers of the old type switch boxes had already been built into the walls of the new building.

In general, Mr. Burfoot, comparing New Guy's House with the new German hospitals he visited, formed the opinion that the space allowed and equipment were often more lavish than we could afford. On the other hand, without exception, he gained the impression that all hospitals were far more economically staffed than hospitals in this country ; working hours were far longer and the five-day week unheard of. It was obvious that a great deal of money had been spent by the German nation in the building of new hospitals but it did not appear that this money had been as economically applied as it might have been. This, to some extent, may have arisen from the fact that the provision of hospital accommodation in Germany is still in the hands of three or four separate organizations, namely, State Governments, Municipalities, Private Insurance Companies and Religious Organisations. Hospitals, therefore, may be built by, say, an insurance company without specific regard to the needs of the locality but rather to meet the demands of the larger area served by the company. This often involves patients having to be taken long distances to receive treatment.

Many months ago an *ad hoc* sub-committee, variously called "The Clerk's Committee" or "The Technical Officers' Committee" (but usually "The Friday Committee"), was set up largely with the object of ironing out delays. It was

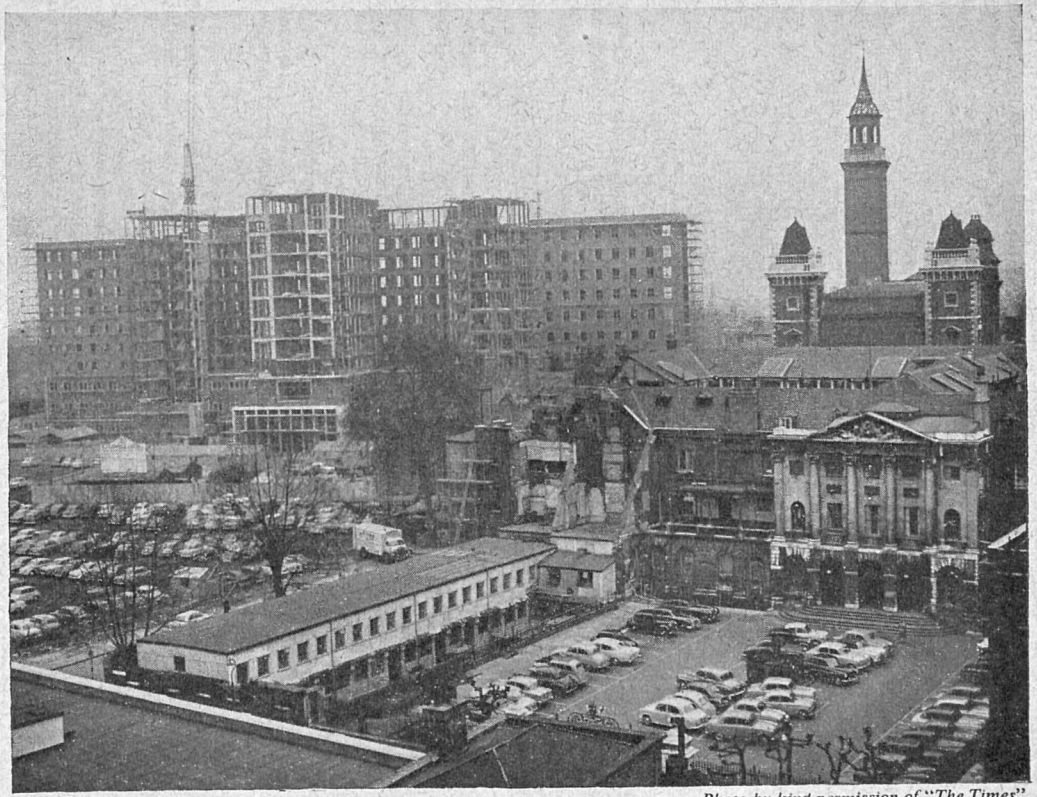


Photo by kind permission of "The Times"

Figure 2.

New Guy's House seen from the North-East across St. Thomas's Street, with Guy's House in the foreground. The extent of bomb damage can be appreciated, since warehouses occupied the sites of the new building and of the car-park, while the West wing of Guy's House is replaced by Sarah Swift ward. Hunt's House tower marks the previous western boundary of the Hospital.

self-appointed and arose out of the necessity of the five or six individual members trying to contact and agree first with one and then another what had to be done. Membership consists of myself and my deputy, and representatives of the Architect, Consulting Engineer for Mechanical Services, *i.e.*, electrical heating and ventilation, Quantity Surveyors (concerned with costs) and later Mrs. B. Boland. A selection of typical minutes of a meeting of this committee, with some comments is set out below. It will be appreciated that this committee serves at least one purpose if no other, namely, the provision of a "dead line", *i.e.*, things promised attention have a habit of being provided the morning of the meeting, in fact, this spur to get things done, this "beat the deadline" attitude, is a most valuable result of the committee's formation.

"1. *Laboratory Office Room 242 :*

It was noted that the Variation Order for the alteration of the fume cupboard in the above room had not been issued but it was hoped that a price would be available next week.

(Comment : This item has been on the Agenda for some 6 months. Costing of the work involved in the alterations and settling the exact form of the alterations are causing delay.)

2. *List of P.C. Items :* (*i.e.*, Prime Cost or Provisional cost, items in the Bill of Quantities requiring decisions before the builders can proceed).

(a) *Flooring :*

It was noted that a Variation Order for the areas to be covered with terrazzo was in course of preparation and would be ready next week.

The Quantity Surveyor stated that alterations in the schedule of floor coverings following the alterations in the layout of the entrance hall on the ground floor would be proceeded with and would be ready shortly.

Mrs. Boland stated that carpeted areas should be made to take standard widths of broad loom carpeting but that she had not yet been able to choose patterns.

(b) *Letter Chute :*

The Architect reported that a drawing showing the line and method of erection of the letter chute and the box at the foot had been prepared; it was agreed that this could not be passed to the builder until approved by the Post Office Authorities.

(c) *Scialytic Lights :*

The Consulting Engineer for electrical services agreed that he could find the accommodation that would be required if stand-by battery lighting was provided for the scialytic lights in casualty theatres.

(d) *Subsidiary Sanitary Fittings :*

The Architect stated that the builders had now confirmed that they had details of all sanitary fittings, including toilet roll holders, soap trays, shower trays, etc., and that this item could be deleted from the minutes.

(e) *Balustrade Railings :*

The Architect stated he had not yet had time to design the ornamental railing on the first floor concourse where this overlooks the entrance hall. (An order for these cannot therefore be placed.)

(f) *Vitreous Glass Mosaic :*

Mrs. Boland stated that samples of coloured mosaic so far given to her were not entirely satisfactory and that further samples were being obtained. (Until these are available an order cannot be placed.)

(g) *Stainless Steel Borrowed Lights :*

The Deputy Clerk stated that the Variation Order showing the cost of these fittings had now been made and supply would be put in hand. (These are for windows from corridors into theatres, etc.)

(h) *X-ray Glass :*

The Architect stated that he had prepared his specification of the sizes of the pieces of lead glass required for the diagnostic X-ray rooms and was awaiting quotations from the manufacturers.

(i) *Fireplace Surround, Mantel and Hearth—Surgeon's Room :*
It was reported that the design of this had not yet been prepared and could not be started for some weeks owing to pressure of other work.

(j) *Pyrok Sound-proofing :*
The Quantity Surveyor stated that he was preparing a revised specification for the use of Pyrok in the areas where it had been decided that insulation against noise was necessary. It was hoped to complete the specification in a week or ten days.

(k) *Dropping Curtain Grille :*
The Architect reported that the order for the grille to come down over the counter of Central Sterile Supply was with the manufacturers and that an extra cost of £61 was involved in this item. It was agreed to ask the manufacturer to stop work as it was probable that a door would be more suitable. This matter to be considered by the Medical Sub-Committee.

(l) *Seats around Observation Domes over Operating Theatres :*
It was agreed that a decision as to the design of these seats and the materials to be used thereon should be left for the time being.

(m) *Blinds :*
It was noted that blinds to black out the operating theatres had been dealt with so far as the double windows to the outside of the building were concerned and that the point now before the Medical Sub-Committee was the question of blacking out the windows from the scrub-up and theatre corridor. The possibility of using coloured glass is to be investigated.

(n) *Fire Resisting Glazing :*
The Architect stated he was still working on the design of the partition between the concourse and the floor areas. (Comment : This is a requirement of the London Fire Brigade that there should be a reasonably fire resistant partition between the occupied areas and the lift shafts and staircases. This requirement limits size of glass panels and the type of glass and is an obvious handicap in designing anything of a pleasing appearance.)

(o) *Epidiascope Screens :*
The Architect stated that consideration would be given to this item in the near future on the basis that these would be permanent screens covered by suspended blackboards.

(p) *Louvred Grilles :*
The Architect stated he was waiting for a price and design from Hopes, the manufacturers of the window frames.

(q) *Telephone Boxes :*
The Architect stated that he had now agreed a revised position for the telephone box on the ground floor and the electrical engineer was investigating the effect of this change on the wiring circuits. It was agreed that "hoods" would be unsatisfactory and that "boxes" should be provided.
It was confirmed that the telephone receivers throughout the Hospital will be black.

(r) *Stainless Steel Bench Tops :*
It was noted that a schedule of these showing sizes, etc., had not yet been prepared. The Clerk stated that this matter should be dealt with in the near future as these details were required for built-in joinery work.

(s) *Stainless Steel Instrument Cupboards :*
The Architect reported that the detailed drawings of these were not yet available. It was agreed that where possible these should be "free standing" movable cupboards of standard sizes.

(t) *Steel Bag Holders :*
It was noted that two of these had to be installed in each theatre but possible suppliers had not yet been contacted and prices and samples obtained.

(u) *Guard Rails :*

It was reported that it had been agreed that this rail should be placed 12" from the ground in the concourses. (Comment : these are to prevent food trolleys hitting the walls.)

(v) *Plastic Letters and Numerals :*

A schedule showing the number of individual letters and numbers required throughout the Hospital had not yet been prepared. (Comment : thousands of these are required for "naming" rooms, direction indicators, etc.)

(w) *Sterilizers :*

The Consulting Engineer stated that the lowest quotation for these had been submitted by Messrs. Down Bros. and that, with the approval of the Building Committee, the Order has been placed. It was noted that Professor Knox was to discuss and settle with Messrs. Downs the type of vacuum pump to be used.

(x) *Screening of Theatres :*

It was noted that ideally, to avoid interference transmitted through the mains, electrical circuits serving operating theatres should be separate from those serving high consumption electrical apparatus. Provision should be made for the conduits serving the theatres to run together as far as possible and for the installation of electrical filters near the theatre control panels, which could be adjusted according to the interference actually experienced in the theatres when in use. The Consulting Engineers agreed to make the necessary arrangements.

(y) *General Electrical Fittings :*

Mrs. Boland stated that a schedule of the lighting points throughout the new building had been prepared and that the selection of the type of fitting to be installed in the various rooms and corridors was now in hand, and that it was hoped samples would be available for the use of the contractor in one or two weeks.

(z) *Lifts :*

The Architect stated that details of the proposed finishings of the lift cages were still awaited from The Otis Elevator Company Limited. It was agreed he should press for this information as the colour schemes in the concourses depended upon this.

(aa) *Ironmongery—Schedule of Doors and Locks, etc. :*

It was reported that the formica switch plates were satisfactory and that an order would be placed as soon as the numbers were known. It was also agreed that a number of spares should be ordered at the same time in order to simplify future maintenance. It was noted, further, that no price was yet available for the various alternative plastic materials suggested for use as kicking plates.

(bb) *Access Roads and Warehouse near Old Casualty Department :*

The Quantity Surveyor stated that an estimate of £2,250 had been obtained for the demolition of the warehouse and that this was a firm price. The Clerk reported that this expenditure had been approved by the Ministry of Health.

It was noted that Mr. Glass, Head Gardener, had in hand the preparation of a plan showing the proposed layout of the gardens around the site.

(cc) *Dish-washing Machines :*

It was noted that Dishlex Company were investigating the possibility of boosting the water temperature in their machines by steam rather than electricity and would be reporting on this as soon as possible."

The above is only a proportion of matters discussed at one meeting. At the meeting from which these minutes were taken there were 70 items on the agenda compared with the extract of 30 given above.

Testing material that is it proposed to use, or trying to ensure that something is of the correct size often gives rise to odd remarks. Not long ago a query was raised as to the wearing qualities of a particular type of plastic material which was under consideration for use in place of the more normal metal kicking plates on doors. The enquiry was answered by one of the Architect's staff with the comment, "Well, I have hit it with tiles, bricks and all the things lying about in my office and it seems to be quite all right".

Another instance came up in connection with the height of doors, when on being told that these varied I asked what was the height of the lowest door, and were they sure that our portable X-ray machines could go through them. However, we were fortunate ; the doors are of a sufficient height to permit the through passage of these machines. But in this connection the Quantity Surveyor volunteered the remark, "This sort of problem is the same sort of thing we get when putting doors in churches. If we are not careful we make them too narrow for coffins to be carried through." Some very odd things have been done in the guise of testing. If a particular material is suggested for some use, almost inevitably

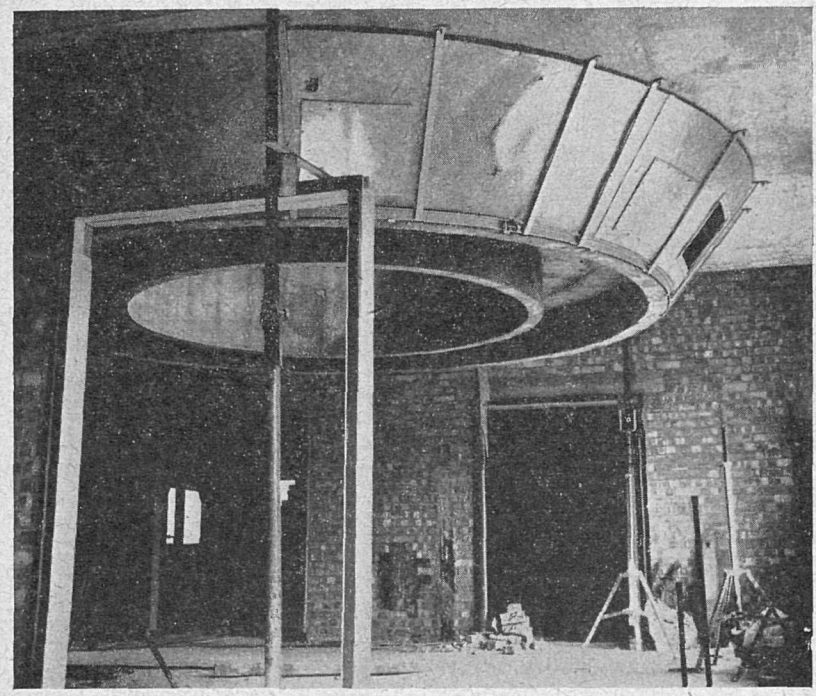


Photo by] [*J. L. Nelson*

Figure 3. One of the four operating theatres to have observation domes, showing air-conditioning trunking in position round the dome.

someone concerned will have their doubts about the wisdom of using it. The sample is then really ill-treated. If said to be unchippable you will be sure to find somebody trying to nick the edge with either a penknife or a penny. If said to be unbreakable. it will get slipped under somebody's heel or a chair leg and leverage exerted. If stated to be flexible, it will be bent double and the bend hammered flat to see if it will spring back to straightness. This testing and trying to ensure that materials will have a long life went a little too far when it was suggested that the glass cover of the case behind which was to repose a fire escape door key should be made of armour plated unbreakable glass. The vision of a fireman attempting to break the glass with his axe so that he could get at the key was really too much and it was agreed that in this case the glass had to be the normal breakable type !

Two remarks of the Architect were almost classics in their way ; one referred to the internal doors of the lift cages, which when rolling back inevitably get marked. The point at issue was whether or not it was possible to avoid this marking of the enamelling or paintwork, and it appears that there is really nothing that can be done to prevent this happening over the course of time. *Apropos* this marking the Architect ended the discussion by saying "Well, if you have

V.I.P.'s visiting, you will have to paint over the marks before they come". The second remark arose in connection with the ordering of the plastic letters which it is proposed to have for marking up the names of rooms on the doors, etc. A rough estimate shows that some nine thousand letters will be required and obviously the number of As, Bs, Cs, etc., varies. The Architect's comment was that if we had a schedule of names, the sorting out of the letters into the number of each letter of the alphabet would be a good job for a kindergarten school. However, we have still not got a summary of the numbers of letters wanted and I am hoping that some manufacturer will be willing to supply on sale or return.

During the last six months, humorous incidents have been almost non-existent—or perhaps it would be more accurate to say that most incidents that have had a humorous side have also had an edge to them that precludes publication. However, one particular matter involving myself and the Architect can be related. The Building Committee decided that in the entrance hall of New Guy's House there should be a replica in mosaic of the Coat of Arms granted to the Hospital. To me, this instruction could have but one interpretation, namely, that the Coat of Arms as depicted in the Grant of Arms by the College of Heralds must be reproduced to scale, with colours and other details as true to the original as the medium of mosaic would permit. The Architect, however, being artistic by profession and inclination, saw in this idea an opportunity for what he referred to as "artistic interpretation" and suggested employing an artist to carry out this idea of preparing an artistic interpretation of the Guy's Coat of Arms for reproduction in mosaic. The resulting conversation can largely be left to the imagination, but it went something like this :—

Clerk to the Governors : Would the artist's picture be like the Coat of Arms ?

Architect : It would be basically the same in the sense that the figures and devices would be reproduced, but it would be the artist's idea of how these should be shown.

Clerk to the Governors : Then the drawing would not be a replica of the Coat of Arms.

Architect : Anyone would be able to tell what it was, but it would be an artistic reproduction.

Clerk to the Governors : Then it would not be a reproduction of the Coat of Arms ?

Architect : Yes, it would, but, for example, the size and shape of the crowns on the leopards' heads might be differently represented.

Clerk to the Governors : I know nothing of Heraldry, but I believe the crowns on the leopards in the Guy's Coat of Arms are called Eastern Crowns and should have five sharp points. A differently shaped crown might mean something else.

Architect : What is the meaning and reason for the crowns on the leopards or other figures ?

Clerk to the Governors : I haven't the least idea. All I know is that Guy's Coat of Arms contains leopards with crowns on and I don't think the Governors want to alter either the leopards or the crowns, neither do they wish to alter the woman, the children or the two angels.

Architect : I believe these Heraldic devices can be shown in more than one way.

Clerk to the Governors : Only one way could be a replica of Guy's Coat of Arms.

This conversation proceeded in the best of humour for some time but nothing new emerged. When it looked like stalemate, however, we agreed that the reproduction should be as near to the original as the medium of mosaic would permit, and the firm producing the panel have instructions accordingly. To enable them to do this they are starting with a photographic enlargement to scale.

In the Central Sterile Supply Department an internal partition wall appeared and no one could see the need for this ; the plans were consulted and it was obvious that the wall was shown thereon. Discussions as to whether or not this wall was necessary and on the advisability of having it taken down took place at a number of meetings, and eventually it was agreed, with some hesitation, that the wall should be removed. The cause of the hesitation was that everyone felt there must have been a reason for putting up the wall which no one could remember,

and of course to have it demolished and subsequently find it necessary for it to be re-erected would make everyone feel rather silly. However, the mystery was solved when it was discovered that a member of the Architect's staff admitted that he had seen a dotted line on a plan, assumed it meant a wall and completed the working drawings accordingly—now the only query is how did the dotted line get on the plan and to what did it refer ?

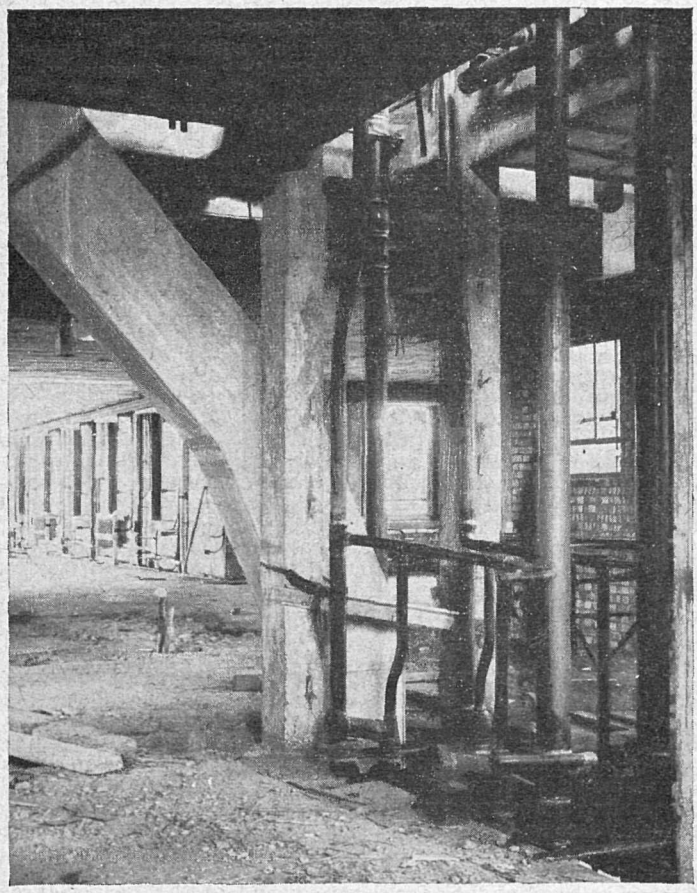


Photo by] [*J. L. Nelson*

Figure 4. Some of the pipework in the Sanitary tower, with part of a 12-bed ward in the background.

Early in March following doctor's advice I thought it was time to have a rest from the work concerned with rebuilding, so I arranged to take a fortnight's holiday in a little village in Cornwall. This, I felt, with reasonable justification, was sufficiently far away for me to escape the day to day problems.

However, after I had been there a few days, I was sitting in the lounge of the hotel one afternoon, and overheard part of a conversation between two other guests. One of the men suddenly said, "We have, in fact, carried out a big installation at Guy's Hospital." This, needless to say, made me prick up my ears, and I asked "What type of installation ?" From the resultant conversation it transpired that the gentleman in question was the managing director of the firm that had installed the short-wave call system which is being substituted for flashing lights. After some time, he made the comment that similar installations had

been put in a number of the large teaching hospitals in London, but that of all the hospitals where they had worked, he had found Guy's the most efficient. Naturally, on hearing this, I pricked up my ears even more and commented "That is an interesting remark, and on what do you base your comment ?" (I should perhaps say that at this time the gentleman in question had no idea who I was). He then explained that before putting in an installation they liked to time-check and study whatever calling system was in use, and he gave three illustrations to prove his point :

1. The first was that when a time-check was made at Guy's the average time taken to locate a resident medical officer on the flashing light was 1½ minutes, and he thought from memory the shortest time they had previous recorded was 4 minutes.

2. The second was that he was impressed by the fact that the porters in the College knew in most cases before they put the flashing lights into operation whether or not any particular medical officer was in or out of the Hospital, and he commented that in many hospitals no instructions seemed to be in force that word should be left if an officer was absent when normally on duty, etc.

3. His third point, and, I believe, this had impressed him more than anything was that, when in London for business reasons, he drove about in the firm's car, which, I gather, was a large impressive Rolls-Bentley, with liveried chauffeur, and he said that in most cases when he appeared in this car at the entrance to a hospital, it was a question of "Yes, sir," "No, sir," "This way, sir," and so on ; but that when he had driven into the Front Courtyard at Guy's, a young porter had approached the car, obviously under the directions of a very tall porter, and made the polite enquiry, "Whom do you wish to see, sir ?" He said, "I explained that I had come to inspect the progress of work on the new building, and I was then politely but firmly told, 'Out through the gate, turn to the right, first on the right, and you will find the car park on the left, sir !' Good afternoon sir !

The second of the two men originally solely concerned with this conversation turned out to be a manufacturer of baking and kitchen equipment. I must admit that I hurriedly explained that cooking for the new hospital was to be done in the old kitchens.

A major step forward has been made in long-term planning by the negotiation of an agreement with the London County Council, under which that authority will recommend to the Minister of Housing and Local Government at the first quinquennial review of the Development Plan, that the area bounded by Weston Street, Snowsfields and The Guinness Trust Buildings, shall be zoned for hospital purposes.

The Board of Governors have agreed that, in consequence of the zoning of this land for hospital purposes—so providing an area for hospital extensions in the future—they will sell to the London County Council the land they own in the area bounded by Weston Street, Guy Street, Snowsfields and Kipling Street. This land is to be incorporated with the area known as Nelson's Playground, the whole to become a public open space and park.

The result of this arrangement is that the southern aspect of New Guy's House will ultimately face an open space extending to the flats recently erected in Guy Street.

A further improvement in the surroundings of New Guy's House should also be made in the near future, as a slum clearance order has been made providing for the demolition of all the houses in Snowsfields from Great Maze Pond to Weston Street, and including those on the west of Weston Street, between the warehouse on the east of New Guy's House and Guy Street. No arrangements have been made yet which will permit the demolition of Psychiatric Out-patients and the adjoining flats, but negotiations for a "New Miller of Mansfield" are in progress. The points of view are many and various, and range from "No Miller" to "New Miller" on the present site, or "New Miller" on another site undefined. The view taken by the Site Planning Committee was at first unhesitatingly in favour of a "New Miller" on the present or adjacent site, but objections to this have been raised on questions of noise, a public house in a hospital's grounds (this ignores the fact that "The Miller" is owned by Messrs. Whitbread), an undesirable attraction to staff and students, and so on. Some, however, lean to the view that a "New Miller" with good restaurant facilities, a club room for private meetings, dinners, etc., would be an invaluable asset to the social life of the Hospital and School. If asked for my view, what can I say ? As previously reported, I hold the licence of "The Ship & Shovel" ; therefore, I must support the trade : on

the other hand, as the licensee of a potential rival house, I must oppose competition ! ! As the servant of the Board, I will do as I am told ! I hope the Board, the Medical Staff and all others concerned will soon make known their views. I do not doubt these will to some extent conflict, but I equally do not doubt that ultimately there will be revealed an overwhelming body of opinion in favour of one course or another, and this will decide what is done.

In bringing up to date the story of "overall planning", I do not need to be reminded that the biggest eyesore to be seen from the new building is the College. Some progress has been made in dealing with this problem. It will have been obvious to those regularly at the Hospital, that an erection of scaffolding across Great Maze Pond, carrying pipes, etc., was recently put up : this is to enable cement to be pumped under the foundations of Guy's House to see if it is possible to restore this building ; if the experiment is a success, then plans for rebuilding the destroyed wing in a form that will provide accommodation for the Resident Medical Officers will be proceeded with—in fact, the plans for the future of Guy's House will be able to take "concrete" form.

Costs are a never ending source of worry, and becoming increasingly so now that specifications for apparatus, furniture, and fixtures and fittings are being settled. When the bills of quantities and the schedule of furniture and apparatus were being prepared, prices or estimated costs were inserted, and these were based on catalogue prices, etc., for items then available, which items would have been installed if they could have been put into the building there and then. The intervening years have, of course, seen developments and improvements, and the introduction of new items altogether, *e.g.*, ultrasonic washers, and the problem is to what extent can the original concepts be amended to make provision for new items. In general, it has had to be accepted that if structural alterations are involved, or if major alterations to services already installed are required, then the modification to provide for something new cannot be carried out, and it has to be realized that the new Hospital will not be up-to-date when opened. At first sight this is deplorable—but what is the alternative ? Briefly, the expenditure of more money than has been allowed, and in particular the destruction of work just completed to provide for something else.

The Auditor General recently severely criticized a hospital authority for expending on a new building several hundreds of thousands of pounds in excess of the tender and amounts allowed—a great deal of this being unexplained. Although full details are not available, it would seem that much of this over-expenditure was probably due to modifications made while the work was in progress, and to expenditure on apparatus, etc., without regard to sums allowed. The most frequently made remark in support of making an alteration is : "It will be cheaper to do it now than later", but it is not at all certain that there is any real basis of truth in this. In many cases if services—*e.g.* electricity—are to be added later, they will be surface run, as distinct from breaking up concrete screeds to make fresh conduit runs, so in effect a higher price is paid for the sole benefit of appearance.

While everyone is striving to ensure that the best hospital building possible is made available for the Guy's men and women of the future, it is impossible with a clear conscience to adopt the principle of "the best and most up-to-date regardless of cost", as by doing so, what is achieved is a greater demand on the money made available by Parliament, with the result that extra expenditure at Guy's means less for needed improvements elsewhere.

Seventy Years Ago

From Guy's Hospital Gazette, 25th May, 1889 (from Passim).

"The fine Spring weather favours work on the new College buildings, and things are progressing merrily. The public rooms, such as the dining hall and smoking room, will undoubtedly be completed by October next, but the upper floors will probably take longer. We are inclined to envy the Warden. His rooms look into the Hospital grounds, and they really form a very delightful prospect when the plane trees are in foliage ; better than one could have dreamed of by knowing them only from within. The average student's room will only have a near vista of warehouse architecture ; but then the average Guy's man will not want to look out of the window much."

CORRESPONDENCE

Letters to the Editor of the Gazette

Early Rising

SIR,—The writer in *Passim* of 23rd May, admits to 'partial ignorance' of the facts involved when discussing the early waking of our patients. Public opinion within the Hospital, particularly on the nursing side, makes it imperative that he and his readers should be enlightened.

In the two short hours before all must be ready for the day staff at 8 a.m., the night nurses—two for twenty to twenty-four patients—are expected to complete the following tasks :—

(1) General nursing care for the bedridden patients, with any necessary treatments and dressings.

(2) The collection of countless 'specimens'.

(3) Taking and recording of temperatures and sometimes blood pressures.

(4) The administration and charting of the ever-increasing number of drugs and medicines.

(5) The cooking, serving and clearing of breakfasts.

The performance of these routine tasks is, of course, frequently interrupted by the unexpected emergency.

We appreciate that 6 a.m. is early and that the early waking of patients in hospital is a constant source of grievance to the public, but so far we have been unable to find a solution to the problem; recently the work of the night nurses has been reduced to the minimum considered essential for the patients' welfare.

In the general wards, all lights are out by 9 p.m. and a surprising number of patients are asleep by 10 p.m. After eight hours, many ill patients are only too pleased to see the day's activity begin—all our sedative drugs, cups of tea and reassurance cannot dispel completely the fears and anxieties of the night. The healthier ones, unused to going to bed so early, continue to wake at their normal time, many of them being accustomed to leaving for work by 6 a.m.

For those patients who do require longer hours of sleep—and it is remarkable how few have to be woken !—it appears, unfortunately, that we can do little more. However, I should like to point out that their short hours of rest are often far from peaceful. Extraneous noises from Great Maze Pond, the Park and the Colonnade—particularly on Saturday nights—give rise to many complaints, as do the often unnecessary disturbances in the wards.

Perhaps this reminder in your columns will draw attention to those hopeful notices sometimes posted at strategic points in the Hospital, and help to ensure that those hours of sleep to which our patients are entitled are as undisturbed and as long as the combined efforts of everyone concerned can make them.

Yours etc.,

B. RIX,

Guy's Hospital, S.E.1. *Night Superintendent.*

SIR,—Are you responsible for *Passim ?* Are you now sitting back with an easy mind ? You've put it on paper that you've heard patients are being roused too early and would someone please do something about it. You're quite right—something should be done about it.

However, it's rather a pity you didn't bother to obtain permission to see for yourself. Too often true, but uncomprehending criticisms are uttered and written by persons not in possession of the facts. Do you really believe that the nurses wake the patients at six, take a couple of temperatures, give out a cup of tea, collect in the cups and then sit twiddling their thumbs until the day staff arrive ? A glance at a list of work for the early morning should give you a clearer picture but that would not take into consideration the hundred and one emergencies and odd jobs which may arise. Why, some women would not dream of preparing and serving a meal for over twenty persons without calling in an outside caterer ! I think some first-hand knowledge might have enabled you to write with under-

standing and—who knows—perhaps some constructive criticism. Very rarely would you find the night nurses waking the patients earlier than necessary.

I think that in many cases the patients are settled down for the night much earlier than they would go to bed at home and it is difficult to change any person's sleeping habits. In these instances, the hours before midnight are probably wasted. On the other hand, one may find that a Borough market porter, used to going to bed at nine, will be sitting up cheerily at four in the morning, awakening all in the vicinity as he asks if he may go out to the bathroom to shave. How can any one system or routine be expected to cater individually for all the diversities of natures and afflictions found in a large hospital ward? There has to be a routine—a scheme which aims at providing the best possible nursing care whilst carrying out the treatments and observations requested by the medical staff.

When the Welfare State is in a position to provide each patient with a separate and soundproof room, absolutely individual nursing will be possible. The sleep of some patients will not be disturbed by the restless or disorientated patient in the ward, the whole ward will not be awakened by the emergency admission. Fitter people will not be roused when treatments are being carried out on the patients who are not as well as they are. This is important for it is, I think, generally the not so ill who complain about noisy nights and early mornings—the people who are being tended realize what is going on and are, on the whole, too grateful to complain. Each patient will be subjected to the minimum disturbance and, as a result of that, will have a longer night. In their solitary state— or splendid isolation—they won't get well so quickly, for in my opinion, companionship and a fairish amount of competitive spirit play an important part in recovery and rehabilitation, but they will have a decent night's sleep—so far as individual needs and circumstances will permit. When this questionably ideal situation is brought about, if ever, the patient may even feel like smiling at the nurse when she finds it necessary to wake him—dare I say it?—at six o'clock.

Looking back over night duties during my training, I cannot recall a single task which was carried out in the early morning, and which could have been left until later in the day. The patient may have grumbled when one awakened him to treat his pressure areas or to provide an early morning specimen of urine; one could see the sense in treating his pressure areas and, if the houseman wanted a specimen collected, he had a reason for asking for it.

If the day in the wards were to start later, say at seven o'clock, am I right in thinking that practically the whole hospital would be affected? The rounds and operating lists would be that much later and this in turn might lead to difficulties in the Out-Patients Department. Are the domestics going to stay on later or will the nurses be confronted with a pile of dishes in the kitchen after the domestics have gone off at the usual time? The nurses will do the washing-up in an emergency but is it right to expect them to do it without grumbling when it becomes the rule rather than an exception? Are the nurses' hours going to be changed or will they be at meals, or off-duty, at the wards' busiest times? There is so much to consider.

Every nurse realizes the great importance of rest—no Guy's nurse who was on night duty when Sister Cross was Night Superintendent could forget that fact! Please don't chide the night nurse for she is, after all, only part of a system, whether she agrees with it or not. Attack the system if you like but don't off-handedly encourage a nurse in a busy ward to cut corners—that would be sabotaging a tradition. Unless the hour to hour pattern of nursing in the Hospital is changed—and it isn't within her power to do that—a diminished sense of responsibility could seep in and this would ultimately reflect on her training hospital.

I am sorry to have written at such length but you made me see red!

Yours etc.,

PATRICIA WESTLEY.

2, Harrington Road,
Chorley, Lancs.

Dr. Peter Hollis

SIR,—We are sure that the friends of Dr. Peter Hollis were grieved and shocked to read of his sudden and unexpected death at the age of thirty-seven years and we know too that they extend sympathy to Betty Hollis and to her two sons in their loss.

The unexpectedness of Peter's death at such an early age will inevitably lead to difficulties affecting the education of his children, for, even with possible assistance from grants and scholarships, this remains a very heavy financial burden. Some of his friends have considered setting up a trust in his memory which could be devoted to providing help in this direction. Probably the most satisfactory way of doing this is by way of five year covenants which would not only provide some help over the first difficult period but would also allow an increase in the value of the gift through income tax relief.

Will anyone interested in this plan please send their names to us.

Yours etc.,

M. MASON,
M. G. THORNE.

48, The Terrace,
Torquay, Devon.

Past v. Present Cricket Match
Saturday, 20th June, 1959

SIR,—The Annual Past v. Present Cricket Match is being held this year on Saturday, 20th June, 1959, at Honor Oak Park, starting at 11.30 a.m. The team to represent the Past will be as follows :

Allan, D. M. E.	(1952)	
Atkinson, D. W.	(1954)	
Banks, P.	(1958)	
Barwell, G.	(1931)	
Butterfield, J. W. H.	(1945)	(*Year of qualification*
Clarke, C. B.	(1944)	*in brackets*)
Glover, F. N.	(1939)	
Morgan, M. N.	(1957)	
Munro, I. A. H.	(1946)	
Scott, G. W.	(1949)	
Williams, J. D.	(1949)	

It is hoped that the opportunity will be taken for a reunion of past members of the Hospital and that they and their wives will try to attend. In the evening the Cricket Club will hold a dance in the Students' Club.

Yours etc.,

Guy's Hospital, S.E.1. J. D. WILLIAMS.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

1ST JUNE, 1959

Assistant House Surgeons
To :

Mr. Blackburn — Miss A. P. John
Appointed for six months, the first 3 as A.H.S.

Mr. Lawrie — Mr. S. Nurick
3 *months*

Mr. Glover — Mr. J. A. Wall
Appointed for six months, the first 3 as A.H.S.

Mr. Brain — Mr. P. T. Whitehead
Appointed for six months, the first 3 as A.H.S.

Assistant House Physicians
To :

Dr. Douthwaite, Dr. Baker and Dr. Joiner } Mr. M. D. Sanders
Appointed for six months, the first 3 as A.H.P.

Dr. Boland, Dr. Houston and Professor Butterfield (Male Patients) } Mr. J. Wolfle
Appointed for six months, the first 3 as A.H.P.

Dr. Mann, Dr. Kauntze and Professor Butterfield (Female Patients) } Mr. B. W. Jones
Appointed for six months, the first 3 as A.H.P.

Dr. Hardwick, Dr. MacLean, Dr. Bishop, Dr. Deuchar and D.X.T. } Mr. R. B. Huddy
3 *months*

Casualty Officers
Mr. J. C. Bull
Mr. J. S. Cameron
Mr. J. G. Holmes-Smith
Miss J. M. Kubale
Mr. K. I. Mackenzie

House Surgeons
To :

Mr. Massie — Mr. W. D. Callum
3 *months*

Mr. Eckhoff — Mr. R. G. Hornung
6 *months*

Mr. Atkins — Mr. D. J. Richards
3 *months*

Mr. Wass — Mr. R. C. L. Feneley
6 *months*

House Physicians

To :
Dr. Douthwaite
Dr. Baker and
Dr. Joiner — Mr. L. Kwasny
3 *months*

To :
Dr. Boland
Dr. Houston and
Professor Butterfield (Male Patients) — Mr. G. M. Davies
3 *months*

To :
Dr. Mann
Dr. Kauntze and
Professor Butterfield (Female Patients) — Mr. H. Hunt
6 *months*

To :
Dr. Hardwick
Dr. MacLean
Dr. Bishop
Dr. Deuchar and
D.X.T. — Mr. M. J. Langman
6 *months*

Resident Obstetricians

1.1.59—30. 6.59	Mr. D. G. Yetman
1.3.59—31. 8.59	Mr. R. J. Read
1.5.59—31.10.59	Mr. A. J. Taylor
1.7.59—31.12.59	Mr. J. G. Wright

House Surgeons in the Orthopaedic Departments of Guy' Hospital and New Cross Hospital

Mr. M. P. Wilderspin Mr. G. G. Ward
6 *months*

Throat and Ear and Ophthalmic House Surgeon

Mr. A. F. Tredre
3 *months at Guy's followed by* 3 *months at New Cross*

Mr. B. N. C. Kempton
3 *months at New Cross*

Dermatological House Physician

Mr. A. H. Sears, until 31.8.59

Genito-Urinary House Surgeon

Mr. I. S. Muir 6 *months*

Neurological House Physician

Mr. A. Bowyer 3 *months*

House Surgeon to the Thoracic Unit

Mr. J. S. G. Hayes 6 *months*

Children's House Physicians

Mr. J. N. Powell 3 months
Mr. M. F. H. Bush 6 *months*

Children's House Surgeon at the Evelina Hospital

Mr. A. Vejjajiva 6 *months*

House Physicians to the Department of Experimental Medicine and Resident Junior Clinical Pathologists

Mr. D. J. Smith 3 *months*
Mr. P. R. Grob 6 *months*

R.M.Os. Nuffield House

1.1.59—30. 6.59	Mr. M. C. Shannon
1.6.59—30.11.59	Miss R. M. Harrison-Bloom
1.7.59—31.12.59	Mr. J. R. Allan

House Physicians in the York Clinic

1.4.59—30.9.59	Mr. M. H. de Groot
1.4.59—30.9.59	Mr. B. M. Groden

Resident Anaesthetists

1.3.59—31. 8.59	Mr. B. R. P. Murray (S.H.O.)
1.3.59—31. 8.59	Mr. S. R. Williams
1.6.59—30.11.59	Mr. H. C. Evans
1.6.59—30.11.59	Mr. J. A. Clement (S.H.O. New Cross)

JOYCE GREEN HOSPITAL

House Surgeon in General Surgery
Mr. D. K. Payler

House Surgeon in General Surgery and Peripheral Vascular Surgery
Mr. M. I. Reeve

QUEEN MARY'S HOSPITAL, SIDCUP

House Surgeon
Mr. W. B. Pearce

ORPINGTON HOSPITAL

House Physician
Mr. R. G. Notley

General House Surgeon with Physical Medicine
Mr. P. E. Pearce

General House Surgeon with E.N.T.
Mr. A. E. Green

General House Surgeon with Ophthalmology
Mr. C. McL. Maddox

NEW CROSS HOSPITAL

House Physician for General Medicine
Mr. A. Gooding

House Surgeon—General Duties
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Third (M.B., B.S.,) Examination for Medical Degrees

April, 1959

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S. M. Vine, M.R.C.P., 63, Kidmore Road, Caversham Heights, Reading, Berks. (Reading 73447 and 50481).

BIRTHS

LAWRENCE.—On 1st May, 1959, at 16, Landsdowne Court, Purley, Surrey, to Gillian (née Wood) and Tony Lawrence, a daughter (Joanna Claire), a sister for Mark.

LOMMERSE.—On 10th May, 1959, to Ira and Peter Lommerse, M.B., B.S., a son (Ian Michael), brother to Christopher and Marina. P.O. Box 910, The Pas, Man., Canada.

MILTON.—On 21st May, 1959, at Nuffield House, to Patricia (née Le Voi, M.C.S.P.), and Robert Milton, M.R.C.S., Cornwall House, Cornwall Avenue, N.3, a son (Timothy Douglas).

READING.—On 30th April, 1959, to Sybil (née Lording, M.S.R.C.T.), and William Reading, L.D.S., at Winterbourne Dauntsey, Salisbury, a son (James Russell) brother for Sally.

MARRIAGES

BAINES—CHEETHAM.—On 18th May, 1959, at St. Andrew's Church, Moretonhampstead, Devon, Geoffrey Charles Richard Baines to Betty Eileen Cheetham, S.R.N., S.C.M.

COLEMAN—WELSH.—On 28th March, 1959, at Bromley, Kent, Bryan Frederick Coleman to Dorothy Jean Welsh, S.R.N.

MORRIS—GRANT.—On 9th May, 1959, at St. Katherine's Church, Merstham, Peter Horsburgh Morris to Rosemary Anne Grant, S.R.N., S.C.M.

EDS. { J.A.W. D.N.I.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1850 20*th June* 1959 *One Shilling*

PASSIM

THE dispute in the printing trade which has made a strike imminent as we write, will affect the *Gazette*. We know that the directors and the staff of Messrs. Ash are as proud of the *Gazette* as we are, and there is keen regret that its regular appearance will be interrupted. "Working to rule", upon which the unions have already insisted, has meant that some material for this issue, particularly sports news, has had to be held, regretfully, in abeyance, and *Passim* is also curtailed because the remarkable speed and promptness with which it is printed cannot be guaranteed this week. We shall have to wait to read criticisms of the Art and Photographic exhibitions, and an account of Sports Day, though we could not wait to print Mr. Wirk's photographs which appear in this issue. While printing is at a standstill, we hope to keep up appearances at least with a single leaf issue. This will be distributed in the Hospital, but we ask the forbearance of postal subscribers, who will not receive it until the first normal *Gazette* reaches them after the resumption of work. We also apologize to our advertisers, whose regular support makes it possible to produce the *Gazette*, for being unable to present their products to our gentle readers for the next few weeks.

In the Queen's Birthday Honours List we were delighted to see that Miss A. Falwasser has been awarded the M.B.E. To Sister *Job*, as we all know her, we offer our best congratulations.

We are very sorry that Miss Jordan has left her post as Secretary to Mr. F. S. Warner, the Dental Sub-Dean. As a friendly and witty liaison and public relations officer, she has helped hundreds of puzzled students and others to solve problems both major and mundane.

When the extent of research into multiple sclerosis was the subject of a question in the House of Commons recently, Professor Payling Wright's research at Guy's was cited in reply as one of the two major programmes in progress in the United Kingdom. It is good to know that this unadvertised but sterling work is not unnoticed by authority, but financial support for the programme still has to be supplemented by private contributors.

GUY'S DIARY

JUNE			Exhibition. Department of Surgery. *Treatment of Carcinoma of the Breast.*
22nd	M	1.00	Dr. Baker. Clinical Lecture. *Confined to Bed.*
23rd	T	1.00	Professor M. A. Rushton. Dental Theatre. *Lesions of the Tongue.*
25th	Th	1.00	Mr. Lawrie. Clinical Lecture. *Sarco nata.*
			Mr. L. Willmore. Clinical Lecture. *Disorders of Speech and Language, illustrated by recordings.*
27th	S	10/12.00	Clinico-Pathological Meeting. Clinical Theatre.
29th	M	1.00	Dr. Moynahan. Clinical Lecture. *White Skin, Black Urine and Spotted Dogs, or Genes, Enzymes and Disease.*
JULY			
2nd	Th	1.00	Mr. Wass. Clinical Lecture. *Carcinoma of the Rectum.*
3rd	F	1.00	Dr. MacLean. Clinical Lecture. *The Treatment of Staphylococcal Infection.*
6th	M	1.00	Dr. McArdle. Clinical Lecture.
9th	T	1.00	Mr. Glover. Clinical Lecture.

MISS IRIS JORDAN

On 23rd May Miss Jordan resigned from her post as Secretary to the Dental Sub-Dean. Many Guy's men will remember her as a member of the Medical School office staff before the war. In 1943 Miss Jordan joined the W.R.N.S. in which she held the rank of Third Officer. On demobilization in 1946 she returned to Guy's to take up the post which she has recently vacated. Staff and students alike will remember her devotion to their interests and her willingness to help them solve the problems which arise in the daily life of an institution such as this. She leaves us with our gratitude for all she has done and with every good wish for her future happiness.

F.S.W.

BRITISH DENTAL ASSOCIATION

The 79th Annual Conference of the British Dental Association was held in Torquay during the last week of May and many Guy's men took the opportunity to attend the function, which was an outstanding success. It was a matter of gratification that members of the staff played an active part in the presentation of papers and demonstrations. Mr. W. J. Tulley and Mr. W. A. Vale each presented a paper to a large and appreciative audience, whose enthusiasm was an indication of the standard of the addresses to which they had listened. It was interesting to note that three of the other main papers were presented by Guy's graduates, Surg. Capt. (D) W. Holgate and Messrs. S. Rosenberg and N. L. Rowe.

The demonstrations given by other members of the staff were varied in interest and diverse in character, and each was the subject of favourable comment by the many visitors to the Conference. They were given by Messrs. Gain, Gould, London, Neill, Robinson, Rowe, Zamet.

The Alumni luncheon was held at the Imperial Hotel. There was a record attendance of old Guy's men—nearly seventy in number. Mr. F. N. Doubleday occupied the chair. It was a pleasant function which was enjoyed by everybody present. Our gratitude goes to Mr. R. G. Hunt, the President of the Western Counties Branch of the B.D.A. for his excellent organisation.

It was a successful Conference. We shall all hope to meet again in Edinburgh in 1960.

F.S.W.

"EX AFRICA . . . . . "

By LUCAS YOUNG, M.A., M.R.C.S., D.O.M.S.

Some little time ago Mr. Hedley Atkins contributed to these columns an account of a flying visit to South Africa. In the hope that some recollections of a rather longer stay in this agreeable country may be of comparable interest, I have threaded together some kind of a story of eleven years spent in practice in Natal as an ophthalmic surgeon.

By way of preliminary, during the war I spent some few years as a member of the Representative Body of the B.M.A., starting about the time of Lord Beveridge's almost forgotten Report. Thus I was a privileged onlooker during the period of gestation of the N.H.S. Some kind of prescience led me to suspect that the future of Medical Practice under this scheme looked a little gloomy, and so I decided to emigrate. My destination was the purest chance—it could just as well have been Barbados or New Zealand, but it so happened that in South Africa there was a practice available at the time I wanted one.

Early glimpses of a new country are mostly inclined to be memorable, but in this case perhaps notably so. Not in fact the famous view of Table Mountain seen from the ship through a sunny pink haze at dawnbreak, because I have to confess I was still asleep; but two somewhat later contrasts. I had left a country engulfed in a blackout for six years, and for the same years thinly restricted to an exiguous, though doubtless basically sustaining diet. At nightfall on my first evening in Cape Town I walked on to my bedroom balcony and marvelled at the scene beneath me. The hotel lies on the footslope of the mountain, and before me lay a sea of light as the big town sprawled contentedly in the warm spring evening. I imagine that England was lit up rather gradually, and in any case there are few places here where one can survey a large town stretched at one's feet, but the immediate contrast of this brilliance with the darkened country I had left was a thing to remember.

Then down to dinner. What had it been in London restaurants? One main dish and two subsidiary ones? Something like that. I looked at the table d'hote menu, counted over forty items, and felt glad I was hungry. Cape wines were offered, too, at about 7/– a bottle. The head waiter then came along and apologized for the fact that it was a "meatless day". These, once or twice a week, were the only rationing restrictions imposed in South Africa. The population did not look noticeably undernourished.

I was bound for Pietermaritzburg, and presently enquired about trains. There were many people arriving in South Africa at this time, mostly returning servicemen and so forth, and the railways were staggering a little under the strain. In the Union one does not, as here, simply go to the station and jump on the first train bound for the right destination, at least for a journey of any length. A seat reservation is essential, as most long journeys involve at least one night in the train. The seats are then converted into bunks, and one has to ensure that there are not more sleepers than bunks and also, of course, that the proprieties are observed. This system has the advantage that one always has a corner seat to oneself, with only the corner seats in any compartment occupied. But naturally the capacity of the train is reduced, and thus one cannot always travel in a hurry.

On this occasion all seats for Natal were booked for the following week, so I had to spend this time in Cape Town. This was indeed no hardship, as on a list of the world's pleasantest cities Cape Town must rank pretty high. Not many South African towns to my way of thinking have an individual atmosphere and character, but Cape Town certainly has both, and this is as good a place as any in which to kick one's heels for a week.

At the end of this time I boarded the Natal train, the Orange Express, my

destination as far away as Rome is from London. Most of the first night is spent in crossing the Karoo, an apparently endless stretch of rock, scrub and bare earth, to me desolate and uninviting. Yet the man sitting at my dinner table told me with enthusiasm that he had spent every holiday there for the past nineteen years. In the "season", he told me, it becomes transformed. The dull monotone of earth and jutting rock is covered by a flood of floral colour which would reduce in comparison the most glamorous technicolor to the level of a half-tone plate. Perhaps my friend was a botanist.

After two nights in the train I had my first sight of my future home, through a gentle morning mist. And what a wonderful view it is. The train emerges quite suddenly on to a hillside at the apex of a long shelving valley. On the one side, dense bush and wattle plantations, and on the other a delectable looking golf course upon which I later spent many happy hours, lay miniature in the distance, pinpointed by the sun shining on a tiny lake which forms a hazard at the twelfth hole. At the foot of the valley, 2,000 feet below, lay Pietermaritzburg, asleep. It does not very often wake up, but perhaps that is not such a very bad thing.

I had taken over a practice from a man who had given up owing to ill-health. I had also acquired a hospital appointment, and an itinerant commission to visit sundry hospitals in Northern Natal. They varied from 125 to 210 miles from Maritzburg, but I soon found that this was not as bad as it sounded, and that the combination of the big American cars which are commonly used in South Africa and the fast open roads devoured the longest of these journeys in about four hours. At these hospitals I usually spent one day coping with Europeans (whites) and the next with non-Europeans (Bantu and Indians). There were no properly equipped eye departments at any of them, so I carted all my own apparatus with me and fixed myself up wherever there was room and light—usually in the X-Ray department. Here I dealt with anything sent along by the local G.Ps., "Government patients", i.e. those for whose welfare the Province undertook responsibility—police and prisons personnel, provincial employees and indigent—school children with suspected refractive errors, and the odd private cases. Most of the Europeans were Afrikaans, and I there met many farming Afrikaners who had lived in these parts for some generations. In general I found them courteous, pleasant, and ready to help a newly arrived "rooinek". Quite a few had fought against us in the Boer War, and many were the descendants of this stock. Far from being any fount of resentment I often found that the old antagonism had mellowed to cement a respect towards the English.

The work at these peripheral hospitals, which I carried out for about two years was rather of the hit and miss variety owing to the rough and ready conditions, but for the Province to sponsor attendance at these outlying places was a most excellent thing, and I think really achieved some good. We learned as we went on. At first, for example, it was in order for school children to be referred to the clinics for refraction by their head teacher. But one morning on my arrival at the Newcastle Hospital at 8.30 a.m. I vaguely registered a large horde of Bantu children outside. I did not pay much attention to them, but when I got inside I found a note which ran: "Herewith 97 schoolchildren and one teacher for eye-test, respectfully, G. Ngcobo". I think it must have been the one teacher that put me off, for I have to record that the 98 were not examined by me. The average Bantu who has become even remotely urbanized is passionately addicted to the use of glasses—they are considered to bring high prestige to the wearer, and are much admired as an article of adornment. The children, of course, were merely after a free pair. Before I went to the hospital again I sent my H.S. along to do a little weeding. As a result he found eleven who he thought should see me, and I eventually found that two needed glasses.

There is an interesting point about refractions in the Bantu, in that their refraction curves differ markedly from those usually seen in the text-books. On the whole they have very good sight, unless affected by disease, and a very high percentage are within 0.5D of emmetropia. The odd thing is that there are very few with a moderate error, say between $\pm$1D and $\pm$5D. There are almost as many high hypermetropes and myopes as among the South African European community, though even here the proportion of high myopes is very much less than is seen in this country. The incidence of high hypermetropia is, I would say, about the same. In the few high myopes degenerative retinal changes are hardly ever seen, and even myopic crescents are quite uncommon. There is probably a moral here somewhere, but it has escaped me. There is, of course, the point that the Bantu have highly pigmented fundi—though it is difficult to see any connection here. There is also the point that on the whole their diet is simple. It is largely vegetarian and very

starchy. And of course the educational standard is low, and those who see a connection between myopia and excessive near vision will hardly be able to suppress a cheer, but I have also to record that the refraction is much the same for the now quite large body of educated Bantu and for the urbanised section who have a less vegetarian diet as for the rural and uncivilised. So that it is difficult to see any true relationship, which makes one feel that genetic factors are probably of the first significance.

I remember that some years ago Mr. Peter Gardiner, of Guy's, who is distinguished in the field of research into refractive problems, wrote a learned paper about the relationship between myopia and (*inter alia*) protein intake in the diet. I am ashamed to say that I have forgotten most of his conclusions, but it is interesting to note that in this race, in which (at all events moderate) myopia is so rare, the amount of protein in the diet, certainly in infancy and to a comparatively marked extent even in adult years, is very low indeed. The staple diet, particularly in rural communities, is mealie meal and things made therefrom, and it is only those with European employers who even approach a balanced diet. Even then it usually leaves a good deal to be desired. But on the other hand one cannot help thinking of the rice-eating and so commonly myopic far-orientals.

I am afraid I have not a sufficiently enquiring mind, to put it as kindly as possible, to have collated, followed up, summarized and drawn conclusions from the many interesting points of variance between ophthalmology in the Bantu and in the European. A good many of the entirely bizarre things which are quite commonly seen stem, of course, from ignorance, from malnutrition, and from a persistent pathetic faith in the witch doctor. The latter is an enterprising and clinically fearless citizen who will tackle anything from a congenital abnormality to a neoplasm with equal enthusiasm and equal lack of success.

It is not that one sees in South Africa a great deal of tropical ophthalmology *per se*, and I have never been greeted with anything as glamorous as a parasite in the vitreous. But many conditions are met with in a greatly exaggerated and sometimes distorted form. For example, anterior staphyloma, to an extent in which the eye really does look like the bunch of grapes from which the name is derived, is common.

Even trauma has a pattern not seen here. One of the favourite spare-time occupations of the Bantu is a species of fencing with sticks. The attacking hand holds a thin, pointed stick, perhaps a yard long, and the other hand a shorter, thicker one. The latter is used as a deflector of thrusts by the opponent. As the deflection is as often as not upwards, the pointed stick pretty frequently contacts the eye or face. The result is a formidable number of perforating injuries which as a rule are so severe that all one can do is eviscerate. Quite a few perforations of the roof on the orbit are also met with. The time when there is an absolute orgy of these combats is at Christmas—no enmity of course is usually involved—and it was a rare thing to achieve a complete Christmas holiday without a call to deal with a case of this kind.

One stands out in my mind with particular clarity. I did not see him until he had been in hospital for a few days, as he appeared to my H.S. to have no more than a laceration just below the eyebrow. His vision was practically normal, but his ocular movements were rather limited. There was a good deal of discharge from a ragged wound, and thinking I could feel something hard, I thought I had better have a dig. A pair of sinus forceps confirmed the something hard, but would not grip. A good-sized pair of surgical dissecting forceps also failed, so a barbarous weapon was borrowed from the orthopaedic department, which delivered to everyone's astonished gaze a piece of stick, which measured 72 mm. in length, 15 mm. in thickness at the base, tapering to a point. It had lain along the roof of the orbit. A rapid X-ray was done, which to further astonishment revealed no bone damage. The patient was discharged after five days with the wound healed, good movements, and unaffected vision. As the depth of the orbit from its anterior margin to the superior orbital fissure is little more than 40 mm., anyone interested can work this one out for himself.

Syphilis is very common in the Bantu but frankly syphilitic lesions of the eye, apart from optic atrophy, are rare. I do not remember having seen more than two or three cases of interstitial keratitis in eleven years. But I once saw three maligant melanomata which had perforated the globe within three weeks, varying in size from a ping-pong (or should I say table-tennis?) ball to a cricket ball. I have been obliged to do quite a number of orbital exenterations, an unpleasant operation which however goes down rather well with these odd people, as the resulting

"hole in the face" is regarded with considerable awe by compatriots, and the sufferer achieves much enhanced social status.

A great scourge among the Bantu, as indeed in other races, is the chronic or wide-angle type of glaucoma. But here alas, it is hardly ever seen until it is too late the trouble is that it is not painful, and pain is the one thing that will drive a native to hospital. Such cases fall an easy prey to the witch-doctor, and the fact that it never gets any better does not seem to affect the reputation of the latter, who relentlessly pushes on with his concoctions of snakes' guts, hippo dung and what have you. This is not a form of therapy to be recommended to the discerning opthalmologist, being if anything rather less effective than any of the standard methods of surgical approach. Congestive glaucoma is a rarity. Although I have seen a handful of cases of absolute glaucoma I do not remember having seen a single case in the acute congestive phase—and yet this is not an uncommon condition in this country.

Cataract is very common—again usually in its later stages, being painless, and consequently many more hypermature and Morgagnian cataracts are seen. Sometimes all the fluid element is absorbed, and nothing is left but some shrunken nuclear remains between the two capsular layers.

I learned several things from the fairly large amount of cataract surgery I did. One was the value of erisophake in dealing with these abnormal lenses, mainly because they are formless and cannot be made to present in the incision in the ordinary way, nor are they susceptible to pressure from below. Having widely extended its use to more normal cases I wonder that it is not in more general favour.

The Bantu is a poor patient for eye surgery, and it is difficult to impress upon him the desirability of keeping still, either during an operation or immediately afterwards. This led me, several years ago, to abandon any idea of doing cataracts under local anaesthesia. First we simply used pentothal with an omnopon and scopolamine preparation, and after various digression settled upon a pentothal and flaxedil technique with intubation, which gave excellent results. I was fortunate enough to have a first rate anaesthetist, and in his hands this latter proved to my mind the ideal anaesthetic for eye cases. With it any kind of contretemps during an operation became rare, and the feared post-anaesthetic complications did not occur. Before long I became firmly convinced that all eye operations, save very minor ones like pterygia, are best done under a general anaesthetic. Nearly everyone, however stoical and however effective the pre-operative measures, is a bit apprehensive about having an eye operation under a local, if only because of the fear of an inadvertent movement at the wrong moment. I am certain that to allay this anxiety goes a long way towards a good result. Recently I had an interesting talk with one of the consultant anaesthetists at Moorfields, City Road, who told me that general anaesthesia is coming increasingly into favour there, and who estimated that 75% of all operations done there employed it. From my own observations I would say this figure is a little high, but the proportion is increasing.

My next lesson arose from a visit to the ward shortly after an operating session. There I found a man from whom I had removed a cataract an hour or so before, lying propped on his elbow eating his lunch on the floor under the bed. It was admittedly a hot day, and his theory was that it was cooler this way. I rather sternly ordered him back to bed, but on enquiry I was told that it was practically impossible to maintain the standard sort of post-operative routine for cataracts and similar cases. No harm came to him, so I began to relax my routine a good deal. No disasters occurred, so I extended my line of thought to other types of case. This lesson therefore was that the position of the patient (apart from some cases of detachment) in the post-operative period does not greatly matter provided it is a comfortable one. I am sure that it is better for a cataract patient to sit comfortably on the second day rather than to lie on his back and fidget because he has the wind. I do not suppose this is an original discovery, but conversation with other surgeons has suggested to me that some of them are still a little rigid in their requirements of their patients.

I learned something also in the comparatively prosaic field of refractions and squints. A number of my patients in Maritzburg had to travel 200 miles or more to see me—poor dears, they had little alternative—and in these cases one simply cannot use a mydriatic and see them again. So that any sort of post-mydriatic test was out, though I found quite a lot of value in an ante-mydriatic test. In spite of doing practically all my refractions, including children, without a mydriatic, I really think I dropped quite few bricks, and did not have an abnormal quota of "returns" (though perhaps the 200 miles had something to do with this) even in

cases readily accessible. This has led me to the conclusion that the use of a mydriatic in refractions is not as important as is generally taught. Similarly with squints—one simply cannot organise effective orthoptic treatment when such long journeys are involved, and though unshaken in my belief in the value of orthoptics, particularly post-operatively, I was led to treating more cases by early surgery, and with less help from the orthoptist than I believe is commonly the case. The aim was to get the eye straight, at least cosmetically, before the child began school. I believe that a child with a visible physical handicap such as a squint tends to have rather a thin time at school, particularly a new one, as more fortunate children are not the most understanding of creatures in these circumstances, and this may well lead to permanent psychological effects. So I feel that operation before school age is indicated for any child who has an obvious squint and who is not making rapid progress with orthoptics, or if geographical or other factors make really adequate orthoptic treatment impossible. I have been satisfied with the results of this line of thought, and though most of the children have had defective binocular vision, the result was generally a happy child and a happy parent. The lesson: that the ideal of a cured squint with good binocular vision can be pursued too far and too long. I have been rather depressed to find in school clinics I have conducted in this country, children who have attended an orthoptic clinic in a desultory sort of way on an average once in three months for several years without any obvious result and without surgery.

I think that is perhaps enough about ophthalmology, which after all can interest only a small minority.

Ever since the Beveridge era I have been interested in medical politics and organisation, and as National Health Services seem to have a certain amount of news value, it may be of interest to set down something about the organization of the Medical Profession and of medical services in South Africa. There may be prospective emigrants for whom this would even be useful.

The Medical Association of South Africa came into being some years ago, when the South African Branch of the B.M.A. decided that it was large enough and experienced enough to stand on its own feet. The Association is run on lines very similar to the B.M.A., divided into Branches which in some cases are subdivided into Divisions. The Body responsible for the formation of policy is the Federal Council, which corresponds to the Representative Body of the B.M.A., and has representatives from all Branches from Natal to South West Africa. This body is about 60 strong, has proportional representation, and meets twice a year in one or other of the major towns. I had the privilege of membership for about five years, during which I had an opportunity of visiting for these meetings Johannesburg, Cape Town, Bloemfontein, Kimberley, Pretoria and Vereeniging. Durban is seldom used as it would mean that too many people would have to travel too far—e.g. Cape Town is 1,150 miles away, Johannesburg 400, and Windhoek getting on for 2,000. As the Association pays for travelling and subsistence, Durban is too expensive. Almost half the Representatives are within easy reach of Johannesburg, so the Rand is the meeting place of choice. Meetings are very similar to Representative Meetings, talkative, waspish, but on the whole effective. Each lasts two or three days. There is an Executive Council corresponding to the B.M.A. Council, which does most of its work by correspondence for geographical reasons, and several special Committees. There are Groups within the Association, and a congress is held every second year of an academic and social nature as in this country.

The counterpart of the G.M.C. is the Medical and Dental Council, with representation which is Medical, Dental, Nursing and Lay. This is a statutory body, responsible to the Government, and has similar functions to the G.M.C. with some additional ones, notably that the general public has access to it in order to make complaints against medical practitioners on such grounds as the charging of excessive fees. There is good co-operation between Federal and Medical Councils, and there are some who are members of both bodies.

If the organisation of the Medical profession in South Africa and Great Britain has a good deal in common, there are few common features in the organisation of the provision of medical services. I have had contact with the N.H.S. in this country for rather more than two years, and I have no hesitation in saying that the provision of these services in South Africa is far superior to that in this country.

The scheme of things is remarkably simple. I think it is fair to say that no-one pays more for medical attention than he can afford, and also that doctors are very fairly paid, in spite of opinion voiced by Southern Transvaal members at many Federal Council Meetings. The system costs the Government a very moderate amount, and, broadly, a doctor who is efficient and prepared to work hard will find himself proportionately well reimbursed. One therefore manufactures one's own

"merit award" by one's own ability and hard work; this is true for G.Ps. and specialists alike.

There is a specialists' register in South Africa, and before anyone is permitted to practise as such he must have his name on the register, which is kept and approved by Medical Council. The qualifications for admission are quite strict. There is some division of opinion as to whether this register is a good thing, and much effort has been expended in attempting to abolish it. Many G.Ps. feel that it divides the profession into the good and the not-so-good. My own feelings has always been that it does nothing of the kind and only divides those who profess competence in one branch of medicine from those who prefer a wider sphere of activity, while the protection afforded to the public in ensuring that the specialist really has adequate qualifications much outweighs the arguments against the register.

The hospital services in the Union are provided partly by the Provincial Authorities (each of the four Provinces has its own government and provincial taxation), and partly by the Union Health Department. The latter group, which constitutes in the main Mental Hospitals, is financed by the vote of the Ministry of Health in the National Budget. They will take patients from any part of the Union, wherever they are situated. The general hospitals and most of the other special hospitals are the responsibility of the Provinces, are financed out of Provincial taxation, and will only take patients (apart from emergencies) from the area which they are designed to serve, so that the money one pays in Provincial taxes is not used to provide for patients from another province. The staff of the Government hospitals is salaried, though the services of outside specialists may be enlisted by the Medical Superintendent.

The staffing of Provincial hospitals follows much the same pattern as in provincial voluntary hospitals in Great Britain before the N.H.S. In Maritzburg, for example, a middle-sized town of nearly 40,000 European population, there is a European hospital (Greys) of about 250 beds, and a non-European (Edendale) with about 750. The special departments are staffed by registered specialists, the general surgical and medical partly by specialists and partly by G.Ps., some of whom have higher qualifications. Edendale is staffed rather similarly with few additional full time appointments on a salaried basis—the volume of work being such that local practitioners could never get through it without help.

The same sort of pattern is seen all over the Union, with in the larger hospitals a greater tendency to the appointment of specialists, while the smaller ones are run very similarly to the English Cottage hospital of pre-war days.

Payment is made by "honorarium", which meant in Maritzburg that one was paid £250 per annum per weekly regular session at O.P. or theatre, and coped with emergency work as and when it turned up at Greys, though at Edendale, seven miles out of town, one was paid additionally for extra visits. A simple scheme of things, but perfectly satisfactory. Although hospitals are in general "closed", at Greys at any rate every encouragement is offered by the provision of Registrar and Assistant Staff appointments to local doctors of G.P. status to participate in hospital work.

South Africa is a very democratic country. It is colour conscious but not class conscious, which has always struck me as odd. I remember once playing in a golf fourball with a railway clerk as my partner against the Provincial Secretary (the number two citizen of the Province, under only the Administrator) and my hairdresser. This would be unlikely to happen at the famous club in Kent where I have at the moment the privilege of membership, the social consciousness of which is perhaps illustrated by its list of Honorary Members:—

Sir Winston Churchill.

King Leopold.

This digression leads to the undemocratic but apparently harmless fact that personal health services in South Africa are built on a series of social strata. Starting at the bottom, provision has to be made for what are described as "indigents" —people who cannot afford to pay for their own private treatment, and who are not covered in any other way. Their needs are attended to by the District Surgeon. He is the only form of salaried G.P. in the Union. His salary is in proportion to the number of patients he holds "at risk". The big towns may have more than one District Surgeon, who may thus be largely full-time, but in the smaller centres they are part-time, and carry out a normal private practice in addition to their official duties. The D.S. also looks after the "Government patients" to whom I have previously referred, and the native population is largely his responsibility. A surprising number of the latter however prefer to employ a private doctor and pay him cash, despite their usually extreme penury. One of the notable differences between the Bantu and the European (here using the term in its widest sense) is the

willingness of the former to pay hard cash for medical attention.

Throughout the Union District Surgeons look after about 10,000 European police together with about 20,000 dependants, as well as 11,000 non-European police. The prisons department accounts for another 12,500 persons. The number of European indigents is not really known, but has been estimated at 42,000. Non-European indigents are, of course, legion. (Footnote 1.)

The next stratum is that of the Medical Benefit Society. In the main these societies, or Sick Funds, are run by the larger employers of European labour whose average income falls within certain limits,—notably the Mines and the Railways, and in most cases subscription to the sick fund is compulsory. The most widespread and typical of these is the sick fund for employees of the South African Railways and Harbours. The railways are run by the State, and so naturally lose money, but the government nevertheless makes an annual grant towards the finances of the sick fund, the rest of the expenses being met from the members' subscriptions. The railway employs both G.P.s and specialists, and both are paid on a capitation basis. Practically all R.M.O.s are part-time. The number of G.P.s in any district depends on the Railway population, and it is a restricted panel system. In the Maritzburg district (which extends out of the town itself for a considerable distance) with about 5,000-odd families, there are four R.M.O.s, and each employee may chose which of them he wishes to attend his family. In this way the best R.M.O. attracts the greatest number of patients and the largest income. Both domiciliary and surgery attendances are covered. A patient may change his R.M.O. only at the end of each administrative year. Specialists are appointed by the sick fund in most large towns where they are available. They are also paid on a capitation basis, but their area is much larger than that covered by the G.P. My own area for example was about half the size of England, as I was the only R.M.O. ophthalmologist in the Natal Midlands area, and I had nearly 6,000 families at risk. Railway patients needing hospital treatment receive it at the provincial hospitals save in the few large towns where there is a hospital run by the sick fund solely for its patients. There is one such, for example, in Durban. Contributions to the sick fund are deducted from the members pay packets, and membership is compulsory. All medical and hospital treatment is thereafter free, and drugs etc. are obtained without charge from railway dispensaries, or from the R.M.O. in the smaller districts.

There is a good deal of criticism of the Railway sick fund. Doctors now and then complain that they are not paid enough, and that railway patients make frequent and unnecessary demands on their time, leaving insufficient time to attend to their private practice. However, they seldom resign. Patients in their turn complain that they do not receive the attention the R.M.O. reserves for his private patients. There is often substance in such complaints, but they are probably inevitable in any system of this kind. One seems to remember the same sort of thing when the panel system was in operation in this country before the war. In spite of them I have the impression that the Railway sick fund works, on the whole very well. Its members receive satisfactory and conscientious treatment for the most part for a very modest contribution, and the doctors are reasonably paid.

There are certain conditions which have to be met before a group can be accepted as of Medical Benefit Society status. For example, membership is limited to those earning not more than £600 per annum basic salary (i.e. not including cost of living allowance) (Footnote 2.) with dependants, or £300 without. There is however a proviso that employees with a higher income can be included if their number does not exceed 10% of the entire membership, and provided a sliding scale of subscriptions applies for this category. But no-one with an income of more than £1,500 per annum, inclusive of cost of living allowance, should be a member of a Medical Benefit Society.

The number of Benefit Societies is large, but many of them have a very small membership. The total number of beneficiaries however is very large as set against the total white population of the Union (about 2½ million). For example, the Railway sick fund has 109,000 members (employees) and 272,000 dependants, and the Mines Benefit Society 42,000 members and 78,000 dependants, so that these two alone account for over half a million, i.e. 20% of the entire population.

Many whose income precludes their participation in a Medical Benefit Society insure against sickness by joining a Medical Aid Society, and here the structure is quite different. A good many business concerns whose employees fall mainly into the middle to upper income group run such a society. There is in fact no reason why one should not exist outside the control of any employing body. One such did in fact exist for some time, but eventually misbehaved itself in failing to comply with the conditions laid down for Medical Aid Societies by the Medical Association, and

when I left South Africa its future seemed problematical. The Association itself went in some detail into the possibility of establishing an officially sponsored Society, but after spending a good deal of money in sending an official to America to gain information about similar organizations, there was a touch of internal dissention within the Association, and unless resuscitation has taken place I am afraid the project has aborted.

No Medical Aid Society can come into being without the approval of the Medical Association. On application being received, this is referred to the Branch Council of the Branch geographically concerned, which considers the position and finds out whether the requisite conditions are being fulfilled; if they are, approval is given. The reason for the apparently rather complicated system is that it is not part of the policy of the Association to organize into a Medical Aid Society any persons who could properly be regarded as private patients. It considers that co-existence of private and "insurance" practice is essential for the proper functioning of both.

The structural detail of these societies are a little complicated, but in the main are as follows:—

1. There is an income limit of £2,500 gross, i.e. inclusive of cost of living allowance and the average income of members must not exceed £1,100. This is simply to allow some of the more highly paid employees to participate in a corporate scheme.
2. Note more than 3% of members earn more than £1,500, though the "average" limit above mentioned makes this more or less automatic.

Members of Medical Aid Societies have completely free choice of doctor, both G.P. and specialist, and all registered Medical practitioners are entitled to accept medical aid work. Payment is per item of service rendered, on a nationally agreed scale, and this works out on an average of about two-thirds of what would be charged to a private patient, or in some cases rather more. Payment is guaranteed and so there are no bad debts.

There are at present more than 150 Medical Aid Societies in the Union, whose membership ranges from a handful to several thousand. The total number of persons covered is difficult to assess, but is probably around 120,000 members with 130,000 dependants—say about 10% of the entire population. Thus it will be seen that at least half of the European population is covered in case of sickness by some form of organisation which ensures that their expenses are paid either wholly or in very large part.

Finally there are those who are not covered by any form of insurance. These remain private patients, and are the basis upon which most medical practices are built. The fees vary a good deal in different areas, but on the whole are somewhat higher than in pre-N.H.S. Britain. In most large towns for example a visit from a G.P. costs about a guinea. There is a large degree of uniformity within a particular area, however, and if a patient thinks he has been grossly overcharged he has the remedy of laying his case before Medical Council. If his complaint is proved the amount is reduced, and the doctor may be the subject of severe penalties. One must add, however, that this is a very uncommon occurrence. Practice expenses are probably rather higher than in this country, mainly because, save in the smaller towns, a doctor does not normally use a part of his own house for his surgery, but has an "office" in the American fashion in some convenient and central part of the town. Nearly all doctors have a receptionist, and thus rent and salaries amount to quite a large sum. To some extent this is offset in other ways—e.g. petrol is only about 3/1d. per gallon, though in the main other expenses are much the same there as here. But the amount of form filling is far less in the Union,and doctor's wives get a far better deal in that they do not have to act as honorary unpaid receptionists, and the doctor can keep his private life apart from his work.

One cannot help but compare the system I have outlined above with the N.H.S. here to the detriment of the latter. Patients who can afford to pay private fees do so, and the great majority of those who cannot are protected in some way. Doctors do no work to speak of for nothing, and are very reasonably paid for what they do. The good doctor who is prepared to work will earn his reward, an income above that which the G.P. in this country can command, and the incompetent and work-shy will do correspondingly less well. The cost to the State, as compared to the N.H.S. is negligible. One realizes that the population to be covered is far less than in Britain, but apart from the bill for hospitals and the amount paid by the Health Department in subsidies for the Railway Sick Fund and salaries for District

Surgeons, which forms a small part only in the National Budget, medical expenses on a National level are minute as compared with the vast bill for the N.H.S. One reads that the B.M.A. is busy preparing an alternative scheme to this latter, to put into operation in case of mass resignation. They could do very much worse than take a close look at South Africa and copy the structure that exists there, which would seem to be admirably suited for adaption to the needs of this country.

I am very often asked whether I regret leaving Britain for eleven years, and thereby missing some of the rungs on the ladder of professional achievement upon which I might otherwise have gained a footing. I take a look at my contemporaries here of comparable ability who have not ventured, and another at my spell abroad, and have little difficulty in concluding that I have few, if any, regrets.

During this time I have travelled about 100,000 miles by air and many more thousands in touring the Continent by land. I have visited every country in Africa south of the Equator, except Angola and South-west Africa, and know nearly every town of any importance. I have had glimpses also of Nigeria, Tunis, Libya, Egypt, the Sudan and East Africa. I have been captivated by the charms of Cape Town and of Zanzibar, as far apart in character as in distance. I have played golf with—and even against—Bobby Locke without disgracing myself, and have bowled at Jackie McGlew and Roy McLean in their much younger days with complete lack of success (they are now of course veterans in their late twenties). I have attended a Governor-General's banquet and a Braaivleis. I have sat, rather breathless, on the top of a real mountain, and have pulled up my car on protesting brakes to avoid running into an elephant. I wouldn't have missed it.

I have participated in the N.H.S. for rather more than two years, and while it would be out of place for me here to embark on criticism of this organization, there is no question that medical practice offered me more in South Africa than it does here. Having had a look at a sizeable slice of the world, I conclude that of all the towns and countries I have seen no place has everything. But there are certainly many things which, in this country, I miss. Notably the sun on my back! Oh, well—one can always go and try somewhere else. Come to think of it, that isn't a bad idea!

Footnote 1. Most of the statistical figures and other similar data given are those obtaining at the time of my departure from South Africa in 1956. They may now be out of date to some extent, but are unlikely to have changed sufficiently to have affected the overall picture.

Footnote 2. The reference to "cost of living" allowance may be unfamiliar to many. Basically, it is simply an increment added to salary scales to compensate for the fact that the cost of living has risen since these salaries were originally fixed. The amount of this allowance varies with the amount of salary or wage—the maximum being nearly £240 per annum.

Music Club—"The Gondoliers"

Excerpts from a new arty programme "Medicos think about" relayed over the newly installed and soon to be abandoned internal wireless system. This review is on Music, the Chairman is Charwoman Dame Violet Ogglekins.

Oggle: Bleep, bleep. Pardon me, you're there. We have been to hear the Music Club's concert performances of Gilbert and Sullivan's *Gondoliers*. The team's all doctors, all anonymi *bien entendu* except me, Dame Violet, because I've recently retired into private practice. On my left sits a G. & S. *sauvage*, male, aet. 64, on my right a Man Of Mature and Balanced Opinion, aet. 44, sex is indifferent he tells me, and there is also a Late Angry in the room, aet. 24, male, well. The first speaker . . .

Sauvage: Well, this was an absolutely splendid evening, and I went again the next night, making it just 47 times I've seen the *Gondoliers*. And here, mark you, is an opera performed up and down the country by amateur societies more than Handel, a living tradition that's stayed the course a first in popular favour for 70 years, eh! We may have lost India but as long as we keep G. & S. there's no danger of Britain rotting; Parliament really must have this petition thing into the Constitution . . .

La: Oh God, oh Montreal. Begin if you like at the point of how much their times and circumstances have influenced the makers. By the 1870s no music of moment had been written in England for a good 100 years, Queen Victoria was beginning not to be amused, and whimsy, a steamy reptile pretending to be funny, paddled in every respectable home. Into this gaping gap Arthur Sullivan and William Schwenck, by God, Gilbert were coughed up, beheld one another, and amalgamated. We know what music Sullivan wrote before this union, the bitter almonds,

thank you, and how he then adapted his style (style!) towards Gilbert, producing work on work so exactly like liquorice it isn't true, indistinguishably black, sticky, gut-griping. Who are these wild caricatures of people that strut about the stage ostensibly moved by quarrels and love and jealousy? What is this sickly arch never-never land of theirs, neither reality nor fantasy? What in God's name is funny about a Lord High Archbishop when we have one? The chorus sing "rapture, rapture" and the sexless lovers swoon. The whole thing is accompanied by a tinkle of a music *sans* wit, *sans* humanity or character. But G. & S. knew what they were about. These were to be the super stop-gobbers, the jolly mediocrities that would keep the amateur audiences and societies going for year on year, requiring the absolute minimum in imagination of either. Hats off, they did it.

Sauvage: Botany Bay for you my lad.

Mombo: To attack works for being repetitive and full of ingredients already invented by others is really rather missing the mark, you know. These aren't qualities that make a work bad or great; Rossini thrived on them . . .

Sauvage: What, compare Rossini to Sullivan?

Mombo: The genuine charm of G. & S. is for me the disarming way they handle their characters. You may say this is trite, ridiculous, sugary, terrible, and they turn round to smile "isn't it". This very artful two-facedness is a delightful and important part of all their work, for it is not only impossible to be angry with someone laughing at himself—one probably has no cause to be.

Oggle: Oh good. Now what did the team think of the Guy's performance? *Doucement maintenant.* First to speak this time . . .

Sauvage: Well, it was magnificent. The choir and soloists sang with most splendid attack and freshness. Joy Strutt and Christopher Hoare as the lovers matched one another excellently in their pleasing duets; Sheila Widdowson and Richard Lewin repeated their fine portrayals of grousing contralto and basso bombasto—these two singers' confidence in not burying themselves in the book and so letting us hear every word should have been shared more widely. This quartet had some most lively and accurate ensembles. Robert Sells in excellent voice shed a nice Grand Inquisitor's tear, and filled his character to the brim. But the greatest praise must undoubtedly go to the choir (with their soloists Jill Palmer, Joan Wright, Richard Strickland, Richard Beardon) singing with an enthusiasm and verve that was all delight.

Mombo: The gondoliers, Martin Bailey and John Winter, enjoyed themselves greatly, theirs is some of the best music and was finely rendered. As their ladies, Margaret Cooper sang with an almost Mozartian grace, perhaps the most rounded performance of the evening, and Philippa Parker was a most attractive Tessa. I was a little concerned at first about the orchestra's—Michael Barley—rather quiet piano, evidently in accord with the conductor's—Malcolm Williams—restrained conception; but this turned out part of a grand design arching to a rousing first Finale and never looking back. Both had major shares in the evening's success. In this list too goes James Willis, whose tongue-in-cheek narrator bridged the gulf to any concert performance in a way that Gilbert surely enjoyed. One serious charge must be made, at the soloists' and choir's discipline. Whilst a certain ration of horseplay is a delightful amateur contrast to the professional's routined bravado, a point is quickly reached where it becomes obstructive and revue-material. Winking at friends in the audience, grimaces and sheepish grins all round after missed notes, individual conducting per caput when not singing, groans on the conductor's encore sign, might cease.

La: (vomiting quietly).

Oggle: Oh good. *Le sergent s'ecroulet.* Now to sum up, shall we have . . .

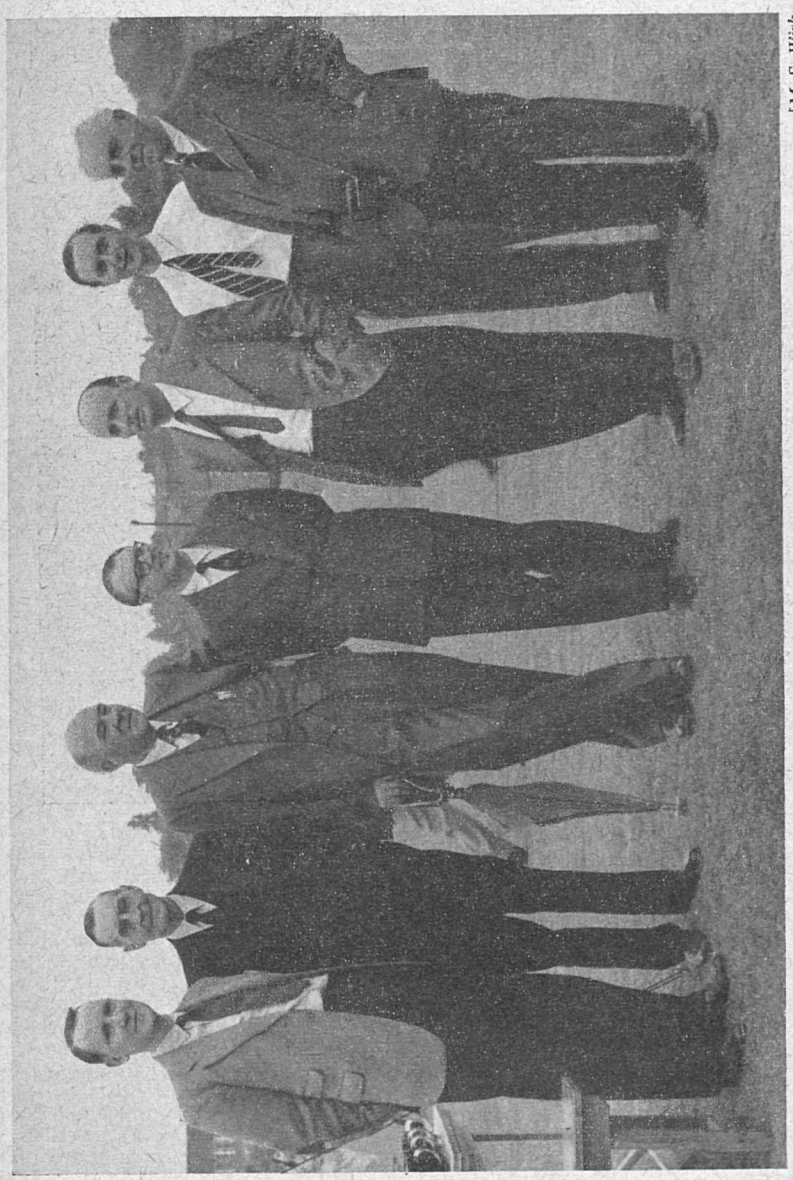
Sauvage: Well, to fill the Physiology Theatre, and on two nights running, means one thing and one thing only: a triumph.

Mombo: A very enjoyable evening. Though this choir with so vast a catchment potential (ha) of nurses and students is still rather small, it is reasonable to hope that after its fine Christmas concert and this present piece of light relief, the Music Club will now match its quality and get down to some really challenging, rarely heard work.

La: Bleep.

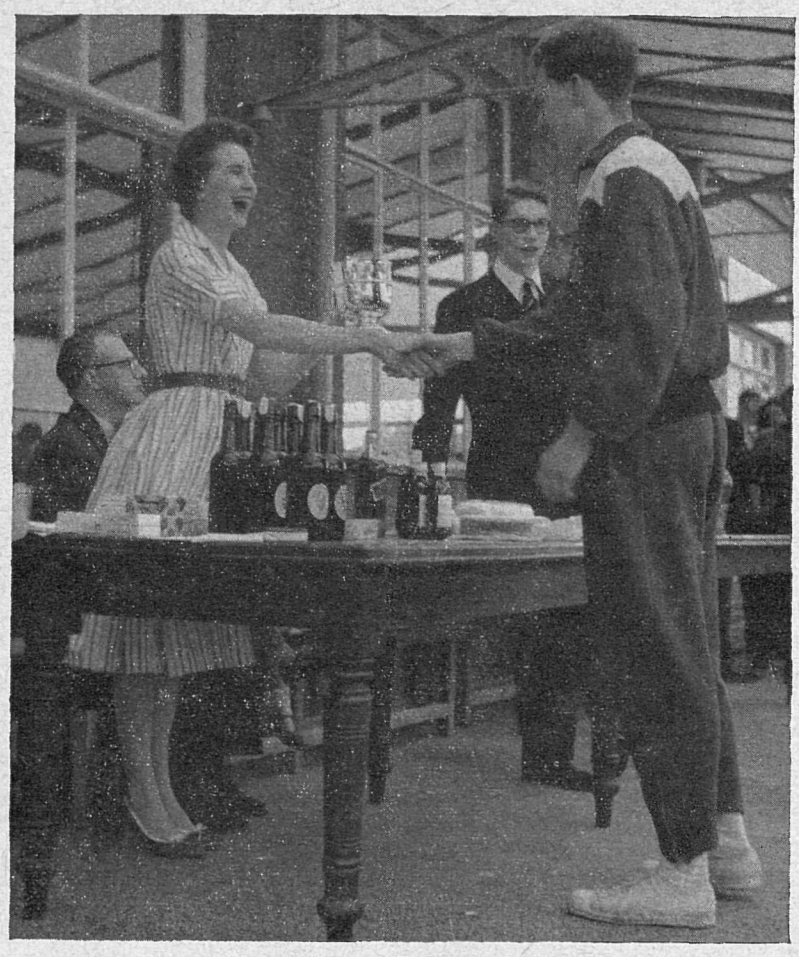
T.S.

SPORTS DAY, 1959



Photos] [*M. S. Wirk*

Members of the Staff who came to Honor Oak Park on 30th May. Left to right : Dr. D. C. Deuchar, Mr. A. J. McNair, Mr. N. L. Eckhoff, Mr. J. S. Tomkinson, Mr. J. B. Blaikley, Mr. R. S. Lawrie, and Sir John Conybeare.



Presentation of the Victor Ludorum Cup
Left to right: Mr. J. S. Tomkinson, President of the Athletic Club, Mrs. J. S. Tomkinson, J. S. Robertson (Captain), D. S. Waters.

NOTICE

GUY'S HOSPITAL THEATRE CLUB

AUDITIONS

The next Theatre Club play will be produced in Mid-November. Auditions are to be held at the following times :—

Monday, 22nd June	12.30 p.m.
Wednesday, 24th June	12.30 p.m.
Thursday, 25th June	4.30 p.m.

Posters will be put up giving the place of the auditions. All members of the Hospital are welcome, and no previous experience is necessary.

RICHARD A. LEWIN,
Hon. Secretary.

TO THE WEST INDIES IN "THEODORA"—VI.

25 May 1959—Washington. The intracoastal waterway enables small commercial traffic to travel from Florida to New York without going out to sea. We entered it at a small town called Beaufort, in North Carolina, and followed it the few hundred miles up to Washington. This stretch is a chain of rivers, canals and huge sounds of great beauty and wildness, not unlike the more beautiful parts of the Norfolk Broads, though far more extensive and unspoilt. The surrounding countryside is woodland that used to be a source of good quality timber, but it has never been properly cared for, and now only yields poor quality wood for pulping. The area is a great hunting centre as it abounds with game of all sorts, from quail to bear, and there is even an occasional alligator; we spent a certain amount of time crashing through the undergrowth, blazing trails in the approved (and very necessary) fashion but never saw a living creature.

Native common sense and a knowledge of the buoyage systems of the rest of the world was not sufficient to see us through the waterway without up to the minute charts, and we took the ground eight times between Beaufort and Belhaven, our first stop about sixty miles up the waterway. We draw nine feet, and it is not always as deep as that in the channel, so we became quite expert at laying out kedges and running up the topsail at a moments notice, and we never failed to get her off within an hour; we took good care to obtain proper charts at Belhaven.

Here we stopped for four days and scraped and repainted the topsides and deck, as this might well be out last chance to do so. Belhaven gave us our first taste of typical Southern hospitality, which we have since found not to be confined to those South of the Mason-Dixon line as they led us to suppose, and we were treated like kings. The town is small and composed of neat, white painted wooden houses, except for the main street, that is just like any other main street. We attended the little Episcopal Church, and were greeted by and shook hands with almost the entire congregation. The obverse of the coin was Lemmy, a delightful, dissolute, delinquent American teenager. He told us that he had been a juvenile, but one day found himself looking through the bars from the inside, so he had retired. He looked at Daniel, our Etonian, and said to us:

"He's mean . . . a real mean cat. He's got eyes like a Yankee hoodlum."

all of which delighted Daniel no end. It was some time before his pal, who was strictly non-delinquent and an acolyte at the Episcopal Church, could prise him out, as a mixture of Barbados rum and Scotch made him rather aggressive.

I deserted the boat for a couple of days, to go round with Tom Suther, an American G.P., who was a fine doctor, worked hard, and was very similar to his British counterpart, except that he could practise real medicine, and was well loved and well paid for it. In addition to his beautiful young wife, and baby girl, he had recently acquired a four-seater private aeroplane in which he flew me on to overtake the boat and show me the countryside. The plane landed on the main road five minutes drive away during breakfast, and after looking to left and right we swung out on to the road, roared along for a hundred yards, then banked steeply up and away. We flew over scraggy woodland and winding creeks with the stormscud of the cloud base about us, along the golden streak of the Alligator River Pungo River canal, the horizon blue and hazy on all sides. Across the wrinkles of Albemarle Sound at 180 knots, and just in the entrance of North River, we spotted Theodora in a pool of sunlight and fell away to buzz her three times at deck level, with all aboard waving like mad things. We landed a few minutes later at a prison landing strip near Elizabeth City, and I was given a lift to Coinjock, where I could catch Theodora as she went under the swing bridge. I was taken in a prison truck; the warders were lean, rangy fellows, and did not talk much. I asked them what sort of criminals they were looking after, and one said:

"Mostly long term boys; lifers or double lifers. They're felonys, which means they're shootable. We divide them up into felonys and misdemeanours, according to what they done here; you can't shoot a misdemeanour, if he escapes you have to catch him and put him back in the can."

We motored gently up to Norfolk, Virginia, sailing where we could; this was a rather grim industrial and Naval dockyard so we did not stay long, and at six the next morning sailed very slowly out into Chesapeake Bay. By eight in the same evening we were turning into the Potomac River, and commenced a hair raising beat through the bitterly cold night. There are too many buoys for us, most of them unlighted and therefore merely a menace, and stretching from the edge of the deep channel were hundreds of fish traps, through which we had to thread our way,

All went well and two mornings later we lowered sail and motored the last quarter of a mile into Washington, and tied up among the quays and pens of the Capital Yacht Club.

Washington is a very beautiful and well ordered city, so extensively planted with Japanese cherry trees that there can be no houses in sight right in the middle of the town. If you stand at the foot of the colossal obelisk in memory of George Washington, the Capitol rises snow white above the trees half a mile away, and if you walk to the other side of the monument, the square temple of the Lincoln memorial is a similar distance in the opposite direction, and across the river on your left hand the equally white cupola of the Jefferson memorial; another beautiful Greek temple, in which Thomas Jefferson looks distinctly uncomfortable. The city must be almost unique, as it is wholly directed towards the government and its departments, mostly housed in huge and very impressive stone buildings, and there is no industry at all.

During our few days stay here we have had many memorable visits and parties, and have met several distinguished people, practically all of whom appeared to be quietly dedicated to their jobs, but friendly and with their eyes wide open. We had the good fortune to meet the Vice-President, Mr. Nixon, who was being taken out for a day's sailing. He was charming and friendly, but looked terribly tired, as if he was in need of a day's sailing on the Potomac, followed by several good nights' sleep. He had the sail, and I hope he gets the sleep too. We were shown round the Capitol by Congressman Joe Barr of Indiana, and given lunch in a private room there, after a glimpse of Congress and the Senate in action. He had to dash out in the middle of lunch to vote for the spending of half a billion dollars in order to put a man in orbit around the earth. He is young and cheerful, and once again apparently has this dedicated approach that seems genuine without being ingenuous. I do not know whether this will make much difference to them, but I am impressed by the stature of such members of the Government as I have met; the Capitol does not by any means enshrine the rough house we are sometimes led to suppose that it does.

Baseball is an excellent game, and risking being refused re-entry into England, I think it is vastly superior to cricket (a game at which I never shone and was usually bored to tears) though it is not strictly comparable. It is played with great concentration and lack of emotion among the players; in fact, if you swear at or argue with one of the four staid, blue-suited umpires, you are sent off and pay a fine of $50. There is a crisis of some sort about once every five minutes, and the players are colourful people. We saw the Washington Senators beaten 5–3 by the Cleveland Indians; Washington have been bottom of the league for many years, and are just making their comeback, largely because of the advent of Hermon Killebrew, who may well beat Babe Ruth's record of 60 homers in one season. He hit one for us. Jazz is of more interest to me now too having heard the St. Louis Blues and similar numbers played in expert traditional style, and on being told that the trombonist, whom we had complimented to the gravel-voiced leader, was "Cool man, cool".

We have a few more days here, and then we carry on to New York. I have been indulging in a little civilization for the last couple of days, by spending the weekend with an American family who have been friends of my family for some years. I am in the happy position of being able to explode the popular myth that American households are run by the children, with a couple of shotaway parents lurking in the background. It simply is not true; they are just like us except that the children are nicer and the parents nicer still.

COLIN SMITH

CORRESPONDENCE

Letters to the Editor of the Gazette

Refugee Year

SIR,—As is well known "Refugee Year" started on June 1st. What may not be so well known is that the branch of the College of Nursing to which Guy's nurses belong has supported a refugee camp in Austria (Camp Eisenerz) for several years.

Although our help is limited by the amount we can raise at Jumble Sales we know something of the individual problem of the 550 refugees in our camp. This camp is scheduled for closure in 1961 if funds are available and at the moment new flats are being built for the refugees to move into. We are collecting money for furniture so that they do not have to move into empty rooms.

If any of your readers would like to make their donation to refugee funds a more personal one, we should be very pleased to receive it. Some examples of costs of furniture and bedding in Austria are given below:

Pillow case	£0 7 6
Chair	£1 15 0
Bed (Single)	£7 5 0
Table (leaf)	£10 10 0
Bedroom suite	£74 0 0

Two Beds, Two cupboards, Two Bedside cupboards, Chest of drawers and mirror.

It is also of interest that two Guy's nurses will be among the work campers helping to build homes for refugees this summer in Austria.

Yours etc.,
BRYSSON WHYTE
Sister Tutor.

Nurses' Home,
Guy's Hospital, S.E.1.

"The Ship and Shovel"

SIR,—May I take this opportunity to reply to Mr. Lane-Roberts' article regarding the whereabouts of Dick and Flossie Bones? I am very happy to say they are both fit and well and are now living in retirement at 6, The Waits, St. Ives, Huntingdon. If it is decided to have a ceremony to unveil a plaque attached to the old oak table why not have it on a Derby day and revive the old outing by buses leaving the College? I am sure the students of today would appreciate it as much as their fathers.

Yours etc.,
" LOFTY,"
Head Porter.

Guy's Hospital, S.E.1.

SPORT

G.H.A.F.C. Season 1959-60

Officers :

President: Professor G. A. D. Haslewood, D.Sc., Ph.D., M.Sc., F.R.I.C.
Vice-President: Professor W. J. H. Butterfield, O.B.E., M.D., M.R.C.P.
Captain: A. Palmer.
Vice-Captain: W. A. Landers.
Hon.Secretary: N. J. Trayfoot.
Treasurer: M. Gann.
Fixture Secretary: K. C. J. Hughes.

CRICKET

Guy's v. Reigate Pilgrims

At Betchworth 17th May, 1959
Result—Drawn

On yet another scorching day Guy's travelled down to Betchworth to do battle against our old friends the Reigate Pilgrims. On a hard wicket they batted first and sustained by a hard hit innings of 83 not out by Barham they were able to declare at 202 for 7, despite a splendid spell of spin bowling by Pagliero.

Guy's batted well to start with, having 63 on the board before the loss of a wicket. A heavy tea proved too much for the middle order, and it was left to Cader, Norman and Biggs, who by vigorous batting engineered a most exciting finish.

Guy's

M. Pagliero, ct. Barker, b. Shields	34
R. Juniper, b. Jackson	45
T. Huins, ct. Butt, b. Hayden	13
P. Sievers, ct. Shields, b. Walker	11
R. G. Bury, run out	1
Z. Cader, not out	39
D. Atkinson, b. Walker	2
R. Norman, ct. Barker, b. Walker	20
J. Lane, b. Walker	4
D. A. Biggs, not out	12
Extras	12
Total for 8 wickets	193
A. Leigh-Brown, did not bat.	
Reigate for 7 wickets declared	202

Bowling: Biggs 1 for 57, Leigh-Brown 1 for 30, Pagliero 5 for 37.

Guy's v. Crofton Park

Result—Won 18th May, 1959

In this usual Whit Monday game against Crofton Park, Guy's contrived to win quite comfortably by 6 wickets.

Crofton Park batted first on an easy wicket and proceeded steadily to 174 for 9 declared. Rumour has it that the No. 11 refused to leave the bar. The main contribution to the Crofton Park innings came from Len Bishop, who has been playing against Guy's for longer than he likes to remember.

Cader and Pagliero opened the innings for Guy's and they were not parted until 137 runs were on the board. They both batted extremely well and the Hospital soon coasted home.

Guy's

Z. Cader, ct. Stedman, b. Millet	82
M. Pagliero, ct. Martin, b. Pope	61
T. Huins, not out	16
A. Dyde, ct. Martin, b. Pope	13

P. Sievers, ct. Stedman, b. Pope	0
R. Myall, not out	0
Extras	4
Total for 4 wickets	176

R. G. Bury, M. Morgan, R. Norman, R. Tanner, A. Leigh-Brown, did not bat.
Crofton Park for 9 wickets declared .. 174
Guy's Bowling: M. Morgan 3 for 40, A. Dyde 1 for 22, A. Leigh-Brown 1 for 16, M. Pagliero 4 for 20.

Guy's v. Brasenose College Oxford

At Oxford 23rd May, 1959

Result—Won

Leaving the Hospital at what seemed like the time of the "Chilly Matutinal Sluice" we arrived at Oxford at about opening time and Brasenose College decided to bat first

They were bowled out for 155 and against a fiery attack Pagliero and Dyde laid the foundations of victory with a partnership of 133.

Guy's

J. W. Cook, l.b.w., b. Hewitt	3
M. Pagliero, ct. and b. Dixon	64
T. Huins, l.b.w., b. Hewitt	2
J. A. Dyde, ct. and b. Hunt	72
Z. Cader, not out	8
R. G. Bury, not out	1
Extras	6
Total for 4 wickets	156

P. Sievers, M. Ribeiro, R. Myall, R. Norman, M. Williams, did not bat.
Brazenose College .. 155

Guy's v. Ashford

At Ashford 24th May, 1959

Result—Lost

The Hospital were defeated for the first time this season by Ashford . The batting collapsed and it was only some very bold hitting by Leigh-Brown and Biggs which gave the score some appearance of respectability. When Ashford batted they made it look quite easy until with their score at 118 for 2, D. Biggs in a fine spell of sustained bowling took 3 wickets in four balls, and they were made to struggle very hard at the end of their innings.

Guy's

M. Pagliero, l.b.w., b. Marshall	4
R. Juniper, ct. and b. Nelson	14
R. Myall, ct. and b. Marshall	5
J. C. Cook, l.b.w., b. Marshall	2
R. G. Bury, b. Hoth	6
P. Sievers, b. Hoth	12
A. Palmer, l.b.w., b. Hoth	12
D. Biggs, ct. and b. Nelson	23
A. Leigh-Brown, ct. and b. Marshall	23
E. Barker, l.b.w., b. Marshall	1
P. Banks, not out	0
Extras	20
Total for 10 wickets	122
Ashford for 7 wickets	123

Bowling: Biggs 6 for 34, Leigh-Brown 1 for 41.

1st Round United Hospitals Cricket Competition.

Guy's v. St. George's

At Raynes Park 27th May, 1959

Result—Guy's Won by 6 wickets.

On a hot and humid day Guy's won the toss and elected to field. The pitch appeared amiable and George's opening pair scored with disconcerting ease. However Gibson bowling leg spinners into the wind had the batsmen guessing as soon as he started and in two long spells with a richness of flight and sharpness of spin proved the chief executioner. George's batted steadily and benefitting by a last wicket partnership of 52 they managed to score 231 runs. The fielding was good throughout and some stops by Cader in the covers showed not foresight alone but a touch of wizardry.

Guy's were left under 2½ hours to score these runs and a solid opening partnership of 74 by Pagliero and Juniper gave little hint of the riches in store. At 6 o'clock the score was 80 for 1 and with the prospect of a 7 o'clock finish there seemed but a faint chance of scoring the runs in time. However, Juniper batting with left-handed power and grace proceeded to thump the ball to most corners of the field. Dyde, Cook and Gibson all chanced their arms, Gibson most successfully. A few catches were dropped but it was well earned luck and a splendid victory was achieved a few minutes from the close.

St. George's

Ralkin, b. Gibson	13
Cobington, l.b.w. Cook	26
Robinson, c. and b. Gibson	49
Franklin, st. Norman b. Gibson	0
Phillips, c. Gibson, b. Cook	7
Ursell, l.b.w. Cook	35
Russell, b. Gibson	4
Silver, b. Gibson	15
Steele, not out	34
Rigby, c. Norman, b. Gibson	3
Tyrell, st. Norman, b. Gibson	8
Extras	37
	231

Bowling: Gibson 7 for 71, Cook 3 for 69.

Guy's

M. Pagliero, c. Covington, b. Robinson	37
R. Juniper, not out	123
J. Dyde, c. Silver, b. Franklin	7
I. Gibson, c. Silver, b. Ursell	40
G. Cook, c. and b. Franklin	7
D. Biggs, not out	1
Extras	17
Total for 4 wickets	232

Did not Bat: T. Huins, G. Bury, Z. Cader, R. Myall and R. Norman.

Guy's v. Catford Wanderers

At Catford. 30th May, 1959

Result—Guy's Won by 32 runs.

A rather indifferent batting display by Guy's with the exception of Cook who scored a splendid 88 and then followed this up by taking 9 for 42 when Catford batted, proving the solitary but gratifying stimulants of a sleepy game.

Guy's

R. Myall, b. Hook	11
J. Cook, run out	8
G. W. Cook, b. Culley	88
M. Pagliero, l.b.w. Culley	15
Z. Cader, c. Fricker, b. Gavin	21
R. C. Bury, b. Culley	0
P. Sievers, c. Culley, b. Gavin	6
A. Palmer, st., b. Culley	2
R. Norman, c. and b. Gavin	3
M. Williams, c. and b. Gavin	1
A. Leigh-Brown, not out	1
Extras	7
Total for 10 wickets	163
Catford Wanderers	131

Bowling: G. W. Cook 9 for 42, A. Leigh-Brown 1 for 50.

LAWN TENNIS

As has now become traditional the Tennis Season began in near arctic conditions with a match against Shooter's Hill L.T.C. A weakened Guy's side was beaten with considerable despatch. This was followed by a disastrous outing to the Paddington L.T.C. where a first class opposition provided a very clear lesson in the art of successful match play.

After this unimpressive start the team began to settle down together. Trinity, Oxford, were beaten and then, in the United Hospitals Cup, a resounding victory was achieved at the expense of St. Bartholomew's Hospital. An enjoyable Cambridge weekend led up to a successful start in Guy's defence of the London University Cup when the College of Estate Management were comfortably defeated.

M. Blake and N. Dobie have performed well at first pair whilst Devereux and Mitchell have achieved some stirring victories. Smith and Rose to date, have been a characteristically unpredictable combination.

The second six has been very poorly supported and it is to be hoped that a little more enthusiasm will be injected as the season continues.

Guy's 1st VI *v.* Shooters Hill L.T.C.

Devereux and Mitchell, Won 0, Lost 2
Smith and Dobie, Won 2, Lost 0
Rudge and Lane, Won 0, Lost 1.
Result: Lost 2 matches to 3.

Guy's 1st VI *v.* Paddington L.T.C.

Devereux and Smith, Won 0, Lost 3.
Mitchell and Rose, Won 0, Lost 3.
Rudge and Dickinson, Won 0, Lost 3.
Result: Lost 0 matches to 9.

Guy's 1st VI *v.* Trinity, Oxford.

Devereux and Mitchell, Won 2, Lost 1.
Blake and Smith, Won 3, Lost 0.
Lewsey and Dickinson, Won 0, Lost 3.
Result: Won 5 matches to 4.

Guy's 1st VI *v.* St. Bart's Hospital

Dobie and Blake, Won 3, Lost 0.
Devereux and Mitchell, Won 3, lost 0.
Rose and Smith, Won 2, Lost 1.
Result: Won 8 matches to 1.

Guy's 1st VI *v.* St. Catherine's, Cambridge

Devereux and Mitchell, Won 2, Lost 1.
Blake and Rose, Won 2, Lost 1.
Lewsey and O'Driscoll, Won 0, Lost 3.
Result: Lost 4 matches to 5.

Guy's 1st VI *v.* St. John's Cambridge

Devereux and Mitchell, Won 2, Lost 1.
Blake and Rose, Won 3, Lost 0.
Lewsey and O'Driscoll, Won 1, Lost 2.
Result: Won 6 matches to 3.

Guy's 1st VI *v.* Coll. of Estate Management

Dobie and Blake, Won 2, Lost 1.
Devereux and Mitchell, Won 3 ,Lost 0.
Rose and Smith, Won 1, Lost 1, Drew 1.
Result: Won 6½ matches to 2½.

Guy's 1st VI *v.* King's College Hospital

Devereux and Mitchell, Won 3, Lost 0.
Rose and Smith, Won 2, Lost 1.
Blake and Lewsey, Won 2, Lost 1.
Result: Won 7 matches to 2.

Guy's 1st VI *v.* Winchester L.T.C.

Dobie and Blake, Won 2, Lost 1.
Devereux and Mitchell, Won 1, Lost 2.
Rose and Smith, Won 0, Lost 3.
Result: Lost 3 matches to 6.

LADIES' LAWN TENNIS

Guy's 1st VI *v.* Girton College, Cambridge 1st VI

P. J. E. Cave and D. Lagarowska, Won 3, Lost 0.
J. E. Siarey and M. B. MacKeith, Won 1, Lost 2.
D. Grant and J. Stevenson, Won 1, Lost 2.
Result: Won 5 matches to 4.

Guy's 2nd VI *v.* Westminster Hospital 1st VI.

D. Grant and J. Stevenson, Won 3, Lost 0.
A. Poskitt and J. Cranshaw, Won 1, Lost 2.
S. White and P. Meher, Won 3, Lost 0.
Result: Won 7 matches to 2.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Registrar (mid-grade) in the Department of Anaesthetics**, with duties for one year from 1st October, 1959.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **2nd July, 1959.**

Applications are invited for the post of **Trainee Registrar in Diagnostic Radiology.** Applicants should hold a higher qualification in medicine or surgery. The holder of this post will be remunerated at the rate for the grade of Registrar. Duties commence 1st October, 1959, with appointment for 2 years, subject to review at the end of the first year, during which time the holder will be expected and given the opportunity to obtain a radiological qualification.

Forms of application are obtainable from and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **2nd July, 1959.**

Applications are invited from Registered Dental Practitioners for the following appointments :

Registrar in the Department of Preventive Dentistry to attend on 5 sessions per week.

Orthodontic Assistant to attend on 3 sessions per week.

The appointments will be until the 30th September, 1959, in the first instance. Duties to commence as soon as possible.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Tuesday, 30th June, 1959.**

Applications are invited for the post of **part-time Audiometric Assistant** in the Throat aud Ear Out-Patient Department.

The successful applicant would be required to attend on four half days per week and as she need have had no previous experience it is thought the post would suit an ex-Guy's nurse or any other housewife.

Applications should be sent to the Superintendent.

SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD AND GUY'S HOSPITAL

Applications are invited for an appointment as **whole-time Registrar in Anaesthetics** to fill a vacancy in the approved trainee establishment at the Bermondsey & Southwark group of hospitals for duties at New Cross General Hospital, Avonley Road, S.E.13, with the Guy's Hospital units from 1st October, 1959.

The appointment will be in accordance with the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales) and will be for one year in the first instance.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **2nd July, 1959.**

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 3s. 6d. 3 lines 7s. 6d. Box Numbers 6d. extra.
Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

Required

ASSISTANT DENTAL SURGEON urgently required by young Guy's Practitioner in Buckinghamshire country town. Furnished, 3 bedroomed house awaiting. Excellent prospects. Box No. 181.

To Let

AT LECHLADE-ON-THAMES, Glos. A 4 berth caravan. July onwards £5 0s. 0d. per week. Box No. 182.

FOREST HILL—Comfortable bed-sitter, single or double, in old Guy's man's flat. Good cooking facilities. Box No. 180.

POSITANO (Between Sorrento and Amalfi) delightful villa overlooking sea. Room, baths, breakfast, dinner, service, equiv. 25/- inclusive. Write: Amalia Cafiero, Positano, Salerno, Italy.

Apply The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1, and please make cheques payable to Gazette Office.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Adams, C. W. M. Role of Lipids of Aortic Elastic Fibres in Atherogenesis. *Lancet*, 1959, i, 1075.

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Denny-Brown, D. and another. The Two Components of the Grasp Reflex after Ablation of Frontal Cortex in Monkeys. *J. Neurol. Neurosurg. Psychiat.*, 1959, **22**, 91.

Hopkins, Philip. Health and Happiness and the Family. *Brit. J. clin. Pract.*, 1959, **13**, 311.

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Magnus, I. A. and others. The Action Spectrum for Skin Lesions in Porphyria Cutanea Tarda. *Lancet*, 1959, i, 912.

New, P. F. J. Carotid Angiography in the Localization of Supratentorial Neoplasms and Hamartomata. *Radiology*, 1959, **72**, 35.

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Potts, M. Hydroxydione. *Anaesthesia*, 1959, **14**, 148.

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Rabinowitz, A. Uses and Abuses of Ant-i biotics. *Med. Proc.*, 1959, **5**, 188.

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Veall, N. and another. Radioisotopes Department—Republic Hospital Baghdad. Report on First Year's Work. *J. Fac. med. Baghdad.*, 1959, **1**, 100.

Vine, S. M. The Cardiovascular System in Old Age. *Med. Pr.*, 1959, **241**, 398.

Winstanley, D. P. and another. Hyperplasia and Metaplasia in the Bronchial Epithelium. *Ann. R. Coll. Surg. Engl.*, 1959, **24**, 323.

CHANGES OF ADDRESS

J. T. Irving, Ph.D., M.D., The Forsyth Dental Infirmary for Children, 140, The Fenway, Boston.

P. L. Masters, M.D., 19, Hovea Crescent, City Beach, Perth, Western Australia.

D. Orme-Smith, Esq., B.D.S., 33, Barnfield, Road, Exeter, Devon.

BIRTHS

GOULD.—On 3rd May, 1959, at the Princess Elizabeth Hospital, Nairobi, to Betty (née Sands), and Clifford Gould, M.B., B.S., a son (Jeremy Nicholas), a brother for Simon.

REES.—On 13th April, 1959, to Gloria (née Cavalot, B.D.S.), and David Rees, B.D.S., a son (Hugh Richard).

RIPMAN.—On 7th June, 1959, at Red House, Sproughton, Nr. Ipswich, to Joanna, wife of Hujohn Ripman, F.R.C.S., a son.

VARNEY-BURCH.—On 11th May, 1959, at St. Nicholas Hospital, Plumstead, to Elizabeth (née Lloyd-Williams), and Harry Varney-Burch, L.D.S., a daughter (Sarah Elizabeth).

WALLER.—On 24th March, 1959, to Mary and Derek Waller, L.D.S., twins (Rowan Patricia and Nicholas Patrick).

MARRIAGE

OLAFIMIHAN—AYENI.—On 4th April, 1959, at Holy Trinity Church, Brompton Road, S.W.7, Kolawole A. Olafimihan, M.B., B.S., to Olufunmilayo Ayeni.

EDS. {J.A.W. D.N.L.

STRIKE NUMBER

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. *No.* 1851 *4th July* 1959 *One Shilling*

PASSIM

Suffice unto thy good, though it be small.

GEOFFREY CHAUCER

HANGING fire in the Gazette office may be seen piles of manuscript and typescript which cannot be printed. This issue of "little-seeming substance" is the best we can do while the printing dispute continues. Please send letters and contributions as usual; for the *Gazette* will revert to normal at the first possible moment.

We congratulate Mr. Alan Parks most warmly upon his appointment as Consultant Surgeon at the London Hospital.

July brings the centenary of the L.D.S.R.C.S. as a dental qualification. The Royal College of Surgeons of England has awarded a goodly proportion of its Licences to practise Dental Surgery to Guy's men, and the occasion will be suitably honoured.

We congratulate Sister J. MacDonald, of York Clinic, who has been appointed Matron of Bootham Park Hospital, York.

Sister Dorothy Parkins has left Guy's after 32 years on the nursing staff, most recently as Sister at Hilton House. We offer her our congratulations and best wishes for a happy retirement.

Miss Ethel Metcalfe retires on July 11th from the Portress's Lodge, after 48 years' service at Guy's. We congratulate her on this splendid record.

GUY'S DIARY

JULY			Exhibition. Department of Surgery. *Incisions.*
6th	M	1.00	Dr. McArdle. Clinical Lecture.
9th	T	1.00	Mr. Glover. Clinical Lecture.
11th	S	10.00	Mr. Cann. Surgical Departmental Round.
13th	M	1.00	Mr. Tomkinson. Clinical Lecture. *The History and Present Day Practice of Contraception.*
14th	T	1.00	Mr. Blackburn. Clinical Lecture. *Hashimoto's Disease.*
17th	F	1.00	Dr. Sternberg. Chairman, Department of Dermatology, University College, Los Angeles. Clinical Lecture. *Immunochemical Studies on the Role of Properdin and Specific Antibodies in Deep Mycotic Infections.*

20th	M	1.00	Dr. Hoare. Clinical Lecture.
21st	T	1.00	Mr. Atkins. Clinical Lecture. *The Nature of Cancer.*
25th	S	10.00	Clinico-Pathological Meeting, Dept. of Surgery.
27th	M	1.00	Mr. Salmon. Clinical Lecture.
28th	T	1.00	Dr. Wayte. Clinical Lecture.
30th	Th	1.00	Professor Butterfield. Clinical Lecture.
31st	F	1.00	Dr. Kauntze. Clinical Lecture.

CORRESPONDENCE

Letter to the Editor of the Gazette

SIR,—The Innominate Society was founded shortly after the First War. One essential qualification for membership was the ownership of a motor-cycle or a small and preferably somewhat ancient, car. A very few obtained membership by qualifying as intrepid pillion or side-car passengers. Membership even with these qualifications was not easy to obtain and most of the staff who tried to join were considered by the Selection Committee to be men of unsuitable character and were promptly black-balled.

By 1928 practically all the members had left the Hospital and in 1929 the present Innominate Club was formed in place of the original Society—a dining club for the Society's original members and for those of their contemporaries whom they considered fit for election.

I record all this for the benefit of the readers of Passim, so that they may know that the Club is not composed of spiritualists, mediums, necromancers and see-ers of visions. Our Guest of Honour on June 5th, was not the Society's first President, 'Doc' Hancock, as you have reported. He died many years ago.

The Club is soon to present to the Hospital a chair in memory of 'Doc'. I suggest that you read the plaque, which is to be fixed by it. You will learn from it a little—though only, I fear, a very little—about somebody, who to a very great number of Guy's men was a beloved and integral part of Guy's; and, if you turn back the pages of the Gazette, you will learn a lot more.

Yours etc.,

H. J. SELBY.

The Red Lions,
Newnham, Gloucestershire.

The Quodlibet Society

Thursday, 9th July

LORD STONHAM

"The British Penal System"

Students' Club. 8 p.m.

In Memoriam—T.S.

Not a drum was heard, not a funeral note,
As his corpse from the Theatre we hurried;
No 'celtist to play a lost gavotte
O'er the grave where your critic we buried,

R.A.L.

pp. G. and S.

HOSPITAL INFORMATION

GUY'S HOSPITAL

Applications are invited from registered Dental Practitioners for the following appointments to commence duties on the 1st October 1959:

Minor Oral Surgery.
Part-time Registrar to attend on 3 sessions per week.

Casualty Department.
Part-time Registrars to attend on 6 or 5 sessions per week.

Dental Radiology.
Part-time Registrars to attend on 6 or 3 sessions per week.

Department of Dental Prosthetics.
Part-time Registrar to attend on 5 sessions per week.

Department of Conservative Dental Surgery.
Part-time Registrars to attend on 6 or 2 sessions per week.

Department of Preventative Dentistry.
Part-time Registrar to attend on 5 sessions per week.

Orthodontic Assistant.
Part-time Registrars to attend on 6 or 3 sessions per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1. to whom applications with the names and addresses of TWO referees should be sent not later than Tuesday, 21st July, 1959.

HOUSE APPOINTMENTS

Applications are invited for the following House Appointments at Guy's Hospital due to commence on September 1st, 1959.

Assistant House Surgeons (*Pre-Registration*) 3
The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Surgical) or will remain as A.H.S.
These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians on (*Pre-Registration*)
The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will move to the post of Casualty Officer (Medical) or remain as A.H.P.
These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Casualty Officers (*Pre-Registration*) 5

House Surgeons (1 *Pre-Registration*) .. ..
(1 *Pre-or Post-Registration*)

House Physicians (1 *Pre-Registration*) .. 2
(1 *Pre-or Post-Registration*)

Resident Obstetricians (1 *Pre-Registration*) .. 2
(1 *Pre-or Post-Registration*
(To commence 1.11.59)

Throat and Ear Ophthalmic House Surgeon (*Pre-Registration*) 1
(3 months at Guy's Hospital, followed by 3 months at New Cross Hospital for E.N.T. duties only).

Children's House Physcian (*Pre-Registration* Second 2 months candidates only).

House Physisian to the Department of Experimental Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) .. 1

Neurological House Physician 1

Dermatological House Physician 1
(*Post-Registration*)

House Physician in the York Clinic 2
(To commence 1.10.59)
(*Post-Registration*)

Resident Anaesthetists (1 *Post-Registration*) .. 2
(1 S.H.O.)
The Medical Committee will also consider applications for posts at outer Hospitals as follows :—

JOYCE GREEN HOSPITAL, DARTFORD
House Physician (*Pre-Registration*) .. 2

QUEEN MARY'S HOSPITAL, SIDCUP
House Physician (*Pre-Registration*) .. 1

NEW CROSS HOSPITAL
Senior House Officer (Medicine)
(*Post-Registration*) 1
House Surgeon General Duties
(*Pre-Registration*) 1

ORPINGTON HOSPITAL
House Surgeon with Gynaecology
(*Pre-Registration*) 1
House Surgeon with Orthopaedics
(*Pre-Registration*) 1

ST. JOHN'S HOSPITAL, LEWISHAM
House Surgeon (*Pre-Registration*) 1
To commence 25.8.59 ..
Casualty Officer (*Pre-Registration*) .. 1

LEWISHAM HOSPITAL
House Physician (*Pre-Registration*) .. 1
.... To commence 16.9.59
Locum capacity from 1.9.59—15.9.59
House Surgeon (*Pre-Registration*) 1
To commence 16.9.59
Locum capacity from 1.9.59 —15.9.59

SEAMANS HOSPITAL, GREENWICH

Seamen's Hosp. House Surgeon (1)Pre-Reg.

Applications, giving choice of post and choice of hospital, in order of preference, should be lodged in the Superintendent's Office not later than Monday, July 27th, 1959. Candidates who apply for appointments at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians, should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES

Pre-Registration Candidates are reminded that the number of posts at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time in order to avoid delay in obtaining a post. A number of recognised posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only and not a Medical post.

APPOINTMENT

J. T. Irving, M.A., M.D., Ph.D., has been appointed Professor of Anatomy in the Harvard School of Dental Medicine.

GUY'S HOSPITAL

The following Assistant Dental House Surgeon appointments have been made for the period July 1st to September 30th, 1959:

General Duties	Mr. T. B. Dowell Mr R. M. Watson Miss R. M. Bain Mr. A. C. E. Seare
Children's Dept.	Mr. K. G. Isaacson Mr. C. W. V. Bullock
Preventative Dentistry Dept.	Mr. M. T. Gain

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Final Examination
June 1959

Surgery Part 1

H. Caunell Annette L. Clipman P. H. Morse
D. A. B. Shakerley C. T. Brooks P. G. Davies
S. A. Craig M. J. Downing R. S. Rathmanathan

Surgery Part 2

S. A. Craig D. S. Roberts M. J. Verdon
J. Bunyan C. Green

University of Cambridge

Anatomy and Physiology
Easter 1959
G. W. Cook.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

Primary Examination

A. L. Gunn M. N. Morgan C. Wastell
Dorothy J. Whitney

ROYAL COLLEGE OF SURGONS OF ENGLAND

F.R.C.S.

Final Examination

T. G. Thomas *W. S. Lund.

*In Otolaryngology

NURSING NEWS

THE QUEEN'S BIRTHDAY HONOURS

M.B.E.

Sister Angela Falwasser.

Promoted to Sister:

Sister A. Moss	*York Clinic*
,, J. Andrews	*New Coss*
,, P. Robson	*Night Duty (Theatres)*

returned from study leave

Sister M. Day to *Sarah Swift*

Enterd

Sister L. Bishop	to	Victoria
S/M A. Malloy	,,	Victoria
S/N A. Jones	,,	Theatres
,, G. Guyler	,,	Addison
,, B. Wreford	,,	Bright
,, J. Scutt	,,	New Cross

Left

S/M M. Snow	*Victoria*
S/N I. J. Jones	*Marv*

SCHOOL OF RADIOGRAPHY AND RADIOTHERAPY

M.S.R. Part II—Radiodiagnosis.

Miss Z. E. Boughtwood	Miss S. J. Lester
Mrs. A. Gazet	Miss A. E. Wheeler
Miss P. Hoffman	Miss C. D. Shave
Miss M. N. Lowdell	Miss A. Wendes
Miss J. J. Kichmond	

M.S.R. Part II—Radiotherapy.

Miss V. C. Owen Miss M. Arnold

M.S.R. Part I.

Miss M. Lauder	Miss C. A. Nicholls
Miss J. L. Welch	Miss C. J. Walker
Miss B. M. Ellett	Miss A. Park-Smith

INTER-HOSPITALS GOLF 1959

Guy's beat Mary's 3-2 in the first round. The match was played at Croham Hurst Golf Club on Wednesday 10th June. The Guy's team was:

R. H. Mummery, R. J. Cockerill (Capt),
J. Knight, K. G. Richards and M. B. Wilson.

MARRIAGES

MILLS—NICHOLSON.—On 6th June, 1959, at St. James Congregational Church, David Audley Corbett Mills, B.Sc., F.C.S., to Cecily Ann Nicholson, S.R.N.

WRIGHT—FLETCHER.—On 20th June, 1959, in Sheffield, Richard Dingle Wright, B.A., to Judith Fletcher, M.B., B.S.

DEATHS

ELLIS.—On 22nd June, 1959, at a nursing home in Hythe, George Garnett, L.D.S., aged 84 years, peacefully after a long illness bravely borne.

RUTTER.—On 2nd June, 1959, Clarence Rutter M.R.C.S., L.R.C.P., in the London Hospital, 174, High Street, London, E.6.

EDS. J.A.W. D.N.L.

Printed and Published for the Committee of Guy's Hospital Gazette by ASH & COMPANY, LTD, Holyrood Street, London Bridge, S.E.1.

STRIKE NUMBER

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1852 18*th July* 1959 *One Shilling*

PASSIM

THE distinguished guests were matched by the distinction of the exhibits arranged for the "Open Day" last week. Members of Parliament and members of the Board of Governors were among the guests who toured the admirably presented "public view" of the work done in the different Departments at Guy's. Research in diabetes and disseminated scherosis, forensic pathology, cardiac surgery, psychiatry—these are a few of the exhibits which were notably clear and informative. It is only a pity that so few students could thus see behind the scenes in the one short afternoon available.

Multitone has been "on trial" for over four months, and has surely proved its worth. Particularly commendable is the speed with which slight faults have been corrected. It is surely time to plump for a single system of staff location, for we now have the difficult situation in which a good system, on trial, is not available to all those who need it, while the previous system, also good, is becoming inefficient through apparent neglect. Many flashing lights do not work, and have not worked for some weeks. Some lights work when there is no switch thrown, others do not work when it is urgent that they should. A typical mistake is that the flashing red light sticks at "On" in several places, so that the flash for the surgical take-in firm becomes that of the obstetric registrar. If the lights are still to be the official location system, they must be maintained. If Multitone receivers are to be the system, it is time to issue them to all. At present, several instruments have been issued to people who are needed urgently about twice a week, while others who are needed urgently ten times a day have no instrument, yet cannot rely on the lights.

Guy's men have been saddened by the recent deaths of two well-loved figures, Mr. Raymond Hinde, F.R.C.S., of Exeter, and Dr. Clarence Rutter of East Ham. To their widows and their children we extend our deepest sympathy.

We congratulate Dr. Neville Langdon Lloyd, C.B.E., M.R.C.P., upon his appointment as Honorary Physician to the Queen.

The first man home in the *Daily Mail* Air Race from Marble Arch to the Arc de Triomphe has done it in 57 minutes. This probably leaves only the prize for ingenuity of transport still available for the two Guy's students who have entered. *Allez-y*!

A COLLOQUIUM

ON 24th and 25th July the Department of Experimental Medicine and the Diabetic Clinic are sponsoring a Colloquium on Diabetes. Staff and students are welcome to attend. Ten short papers will be given in the Physiology Theatre on both mornings between 9 a.m. and 12.30 p.m. on subjects ranging from pre-diabetes and insulin assay to the treatment of diabetes with oral compounds. The speakers will include visitors from the U.S.A., West and East Germany and Scandinavia. The Guy's investigations will be demonstrated on William Gull Ward on the Friday afternoon from 2—4 p.m.

GUY'S DIARY

JULY			Exhibition. Department of Surgery. *Incisions.*
20th	M	1.00	Dr. Hoare. Clinical Lecture.
21st	T	1.00	Mr. Atkins. Clinical Lecture. *The Nature of Cancer.*
25th	S	10.00	Clinico-Pathological Meeting Dept. of Surgery.
27th	M	1.00	Mr. Salmon. Clinical Lecture.
28th	T	1.00	Dr. Whyte. Clinical Lecture.
30th	Th	1.00	Professor Butterfield. Clinical Lecture.
31st	F	1.00	Dr. Kauntze. Clinical Lecture.

EXHIBITION OF PHOTOGRAPHY

The best of this exhibition was good, very good, and the worst was at least deserving of commendation for the effort expended in producing an exhibition print. The relatively few prints that showed considerable ability both in picture composition and the technical skill demanded by photography set a high standard. Whilst one can accept a good deal of variation in what is regarded as suitable subject matter for exhibition there is far less latitude in such aspects of this work as print finishing and mounting. Too many exhibitors appeared to have taken rather more than full advantage of this latitude.

Quite outstanding was the picture of the altar at Guildford Cathedral by Huthwaite. This was judged to be the winning print in the competition to portray 'Silence' and was certainly one of the best prints displayed in the entire exhibition. Walker made a massive contribution with a series of first rate prints any one of which served as an object lesson in meticulous attention to technical detail as well as presenting a most agreeable pictorial content. Smaller in number but engaging in subject matter were the exhibits displayed by Gregory. These three members dominated the scene but not to the exclusion of other contributors. A small print entitled 'Serenity' by Jones showed great promise. 'Orchis Hircina' by Shall and two colour prints by Campbell were deserving of attention.

Apart from some interesting films taken in South Africa by MacDonald and shown in the main exhibition all the colour films were shown in the Physiology Theatre. Widely varying in content many of these were no more than family sanpshots. Nevertheless the exhibition was enhanced by a number of landscape views of quite surpassing beauty and worthy of a much larger audience. Whilst the display of colour film is obviously difficult the Society would do well to devise some means whereby this can be done as part of the main exhibition in future.

R.W.S.

CORRESPONDENCE

"The Ship and Shovel".

SIR,—Those who have left Guy's are the majority of Guy's men. Those who have joined Guy's since 1940 are the minority. To the minority this correspondence about the "Ship and Shovel" is probably a joke, but to Lofty and me, and to many of the older generation, it is welcome news that Dick and Flossie Bones are in good health, and that the "Ship" is still remembered.

To the majority of Guy's men the "Ship and Shovel" was as much a part of Guy's as Sir John Conybeare's flat, the externs' room, the dressers' flat, or the anatomy theatre. The new generation must understand this. When the "Ship and Shovel" was built, Guy's House, Nuffield House, the Dental School, and the College, were just plots in a burial ground. At the out-break of war in 1939, Mrs. Bones took shelter with the students, and ran well, in spite of her 15 stones weight, and in spite of the recent "litigation" of her varicose veins by Mr. Clarkson.

The licensee "ex officio" of the "Ship and Shovel" is the Clerk to the Governors, Mr. Lees Read. The Head Porter to the Hospital is still in touch with the last licensees. I therefore, implore these two to get together, and arrange a glorious outing for Derby Day, 1960. They must coerce the President of the Residents, and the Secretary of the Clubs' Union, and use the occasion to the best advantage. Many Guy's men would subscribe.

Let action be taken; do not let this matter be pushed into limbo like Naaman Ward.

Yours faithfully,

P. A. LANE ROBERTS

11 Adelaide Crescent,
Hove 3, Sussex.

Colleges of Pathologists

SIR,—I feel that your readers might be interested to learn that an Australian College of Pathologists was formed in this country in 1957. I think there has been a good deal of correspondence in the English journals lately, advocating a similar college in London.

I have lately been honoured by election to its membership, and think I am probably the first Guy's man to join its august ranks. The correct title of the college is: 'The College of Pathologists of Australia', so that M.C.P.A. will never be confused with M.R.A.C.P. . . . (Unfortunately!)

With kind regards,

Yours sincerely,

K. F. ANDERSON, M.D.

Division of Bacteriology,
Institute of Medical and Veterinary Science,
Frome Road, Adelaide,
South Australia.

Notes from Boston, Mass.

SIR,—You may be interested to hear of the whereabouts and activities of some old Guy's men and women I have met here.

Jim McKenna is doing a year's residency at the Children's and Ann Niall (*née* Morgan) is working in the Endocrine Department. Morris Simon is at the Beth Israel Hospital, a stone's throw from the Children's, and Melvin Lewis is at Yale doing Child Psychiatry. Paul Polani is at present in Washington en route for Boston.

There are quite a few English nurses here but although Bart's is represented, I have not met any from Guy's. Barbara Webb has recently left the Roosevelt Hospital in New York. One of the English contingent, who is in the Theatre here, creates quite a stir with her coloured uniform and traditional cap.

Yours etc.,

MICHAEL C. JOSEPH.

The Children's Medical Center,
Longwood Avenue, Boston, 15,
Massachusetts.

HOSPITAL INFORMATION

APPOINTMENTS VACANT
GUY'S HOSPITAL

Applications are invited for a full-time **Research Fellowship** in the Thoracic Surgical Unit for research on Cardiovascular problems. It is desirable that applicants should possess a higher qualification in Surgery. Initial salary normally within the range £972 to £1,258 per annum, according to the experience and qualifications of the person appointed, but in special circumstances a higher initial salary would be considered. Applications, with the names of three referees should be sent to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, as soon as possible.

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Applications are invited for the post of Resident House Physician (with Casualty Duties) for six months from 1st September, 1959. Appointment recognised for the D.C.H. Candidates must be registered practitioners, and should apply giving age, nationality, qualifications (with dates), and copies of three recent testimonials, to the Hospital Secretary by first post on 31st July, 1959.

GUY'S HOSPITAL
DENTAL HOUSE SURGEONS

Applications are invited for the following **Dental House Surgeon Appointments** for the period 8th August, 1959, to 7th, February 1960.

General Duties 2 vacancies
Prosthetics Department 1 vacancy
Childre 's Department 1 vacancy

Applications should reach the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than Friday, 31st July, 1959.

PASS LIST
UNIVERSITY OF WALES
M.Ch.
June 1959
E. W. M. Williams

ROYAL COLLEGE OF SURGEONS OF ENGLAND
Faculty of Anaesthetists
Primary Fellowship Examination
J. B. Parsons F. C. Shelley

SOCIETY OF APOTHECARIES OF LONDON
Final Examination
June 1959
Surgery
M. C. O. Bax *J. A. Bushman
Medicine
*J. A. Bushman
*Has completed the examination

ROYAL SOCIETY OF TROPICAL MEDICINE AND HYGIENE
CHALMERS MEDAL

Dr. J. R. Audy has been awarded the Chalmers Medal of the Royal Society of Tropical Medicine and Hygiene.

NURSING NEWS

Entered:	
Sister J. Purvis to	*New Cross*
S/N M. Girdlestone to	*New Cross*
Left:	
Sister D. Parkins	*Hilton House*
Sister A. Lunn	*York Clinic*
Sister R. Montgomery	*New Cross*
S/N E. Obi	*Victoria*
Male Nurse Forest	*York Clinic*
S/N H. Finch	*Nuffield B*
S/N A. Buckler	*Theatres*
N/N A. McCaffrey	*Nuffield D*

BIRTHS

CRABB.—On 12th June, 1959, to Isobel (nee Buchan), and Stuart Crabb, M.D.S., a daughter (Elvire Lucy) a sister for Angela and Benjamin.

GUNN.—On 8th May, 1959, to Elizabeth (nee Chiesman) and Andrew Gunn, M.B., a son (Robert Charles Livingston).

LONGMORE.—On 26th June, 1959, at Guy's Hospital to Patricia (nee Spindler) and Donald Longmore, a daughter (Sarah Juliet) a sister for Annabel.

MENZIES.—On 26th June, 1959, at the Maternity Home, Colchester, to Jean (nee Barclay, M.S.R.,) wife of Colin Menzies, M.B., B.S., a brother for Graeme and Diana. (Nigel John.)

SILCOCK.—On 17th June, 1959, at Ryecotes, 12, Victoria Road, Horley, to Shirley (nee Gee, S.R.N.) and Elfrid E. Silcock, B.D.S., a son (Jonathon David Elfrid).

MARRIAGE

LEES—HATCH.—On 6th June, 1959, at St. Paul's Church, Maybury, Woking, Lionel A. Lees, M.B., B.S., to Romola Sheila Hatch, S.R.N.

DEATHS

BELLSHAM-REVELL.—On 30th May 1959, Lawrence Cecil Bellsham-Revell M.B.E., M.R.C.S., L.D.S., of Dental Centre, Unilever House, London E.C.4.

HINDE.—On 27th June, 1959, at Oxford, Raymond Thomas Hinde, F.R.C.S., (Editor of Gazette August/December 1946) 3, Barnfield Crescent, Exeter.

Eds. { J.A.W. D.N.L.

Printed and Published for the Committee of Guy's Hospital Gazette by ASH & COMPANY, LTD. Holyrood Street, London Bridge, S.E.1.

STRIKE NUMBER THREE

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1853 1*st August* 1959 *One Shilling*

PASSIM

Protests, and longs to flash its faint self far—

COVENTRY PATMORE.

ANOTHER shadowy *Gazette* means that events go unreported, opinions unvoiced, and finances further away. We apologize for delay in book reviews, correspondence, sport, pass lists, and other features. Meanwhile we can only notice briefly, instead of fully reporting, the excellent Colloquium on Diabetes held at Guy's last week by the Department of Experimental Medicine and the Diabetic Clinic. Renowned experts from the U.S.A., Germany, Guy's and other British centres of research, crystallised their own aspects of the disease into short expositions, which were admirably arranged to give an impressive overall picture of the hundred and one ways in which diabetes is being attacked today.

We most warmly congratulate Dr. David Hodgson and Mr. Douglas Thomas upon their appointments to consultant posts. Dr. Hodgson is to be consultant anaesthetist at the Radcliffe Infirmary, Oxford, and Mr. Thomas is to be consultant surgeon to the Aberdare and Merthyr Tydfil group of hospitals.

On August 1st a familiar figure retires from her post at Guy's. As head of the School of Physiotherapy, Sister Sybil Evans has become one of the recognised authorities on her subject, and has travelled far and wide both in an advisory capacity and as an examiner for the Chartered Society of Physiotherapy. After more than twenty six years at Guy's, her retirement is well earned, but we shall miss the cheerful and youthful figure in "blues" who has trained generations of physiotherapists in Shepherd's House.

We understand that Matron would be interested to receive applications for the post of Assistant Matron in the York Clinic. Candidates must be between the age of 30 and 45 and must be State Registered Mental trained nurses who have had administrative experience in a Mental Hospital. This post falls vacant on August 17th. There is also a vacancy for a Floor Sister. Both these vacancies are due to promotion to posts of responsibility elsewhere.

The Matron, Miss Jean Addison, will open theDerry Roof Gardens, in Kensington, at 2.15 p.m. on August 4th, in aid of the Comforts Fund of Guy's Ladies Association. They will remain open until Saturday, August 8th.

It was pleasant to welcome the British Dental Students' Association, who held their Annual Congress at Guy's from July 19th to 25th.

It was announced last week that Matron has agreed that the swimming bath in the Nurses' Home shall be available for mixed bathing every day between 8 a.m. and 9.45 p.m. This generous gesture is much appreciated by residents and students, and we hope that the request to vacate the bath promptly in the evening will be duly observed.

The lights are working much better now, thanks to extensive testing and replacement. Multitone explored new fields last week, when a man in Front Surgery was observed to issue intermittent "bleeping" noises. When approached, he said that his transistor hearing aid performed thus whenever the system was used, and that he would have to find another hospital, as he was deaf enough without further assault on his eardrums!

CORRESPONDENCE

Letter to the Editor of the Gazette

Mr. George Winston

From Mr. H. J. B. Atkins

SIR,—This year Mr. George Winston retires from the post of Librarian to the Wills' Library. Everyone who has worked in the hospital has learned to appreciate the willing service which Mr. Winston has given to all who needed help in the Library and in this office he will be sadly missed.

In addition to these arduous duties, Mr. George Winston has, since 1936, acted as team-secretary to the Guy's Hospital Rugby Football Club. Only those closely connected with the club can realise the enormous amount of work which Mr. Winston has put in voluntarily on their behalf. Generations of Guy's footballers owe to him a great debt of gratitude for the way in which he has selflessly and cheerfully fulfilled this task.

I am sure that present and past members of the Rugby Club would wish to commemorate these unique services, and the club is therefore collecting subscriptions in order to present Mr. Winston with a small token of their deep appreciation. Will those who wish to contribute to this fund send a maximum of 10/- addressed to the Captain of the Rugby Football Club, Mr. Barry Blackwell, c/o The Department of Surgery, Guy's Hospital, S.E.1.

Yours faithfully,
H. J. B. ATKINS.
President: Guy's Hospital
Rugby Football Club.

HOSPITAL INFORMATION

APPOINTMENTS
GUY'S HOSPITAL

The following Dental House Surgeon appointments have been made for the period 8th August, 1959, to 7th February, 1960.

Resident: Miss J. Joslin.
General Duties: Mr. G. J. Longson
Mr. M. J. Verdon.

J. B. BLAIKLY.
Superintendent.

7th July, 1959.

UNIVERSITY OF CAMBRIDGE
Final M.B. Examination
Easter Term 1959

Part I. Pathology and Pharmacology

*J. M. Dawson
*J. G. Manson

Part II. Principles and Practice of Physic.

*A. H. Abrahams
*I. G. Chisholm
*J. M. Dawson
*D. Denis-Smith
*N. Dobie
J. A. Dyde
*C. J. Hunter-Craig
R. A. Lewin
A. W. McKenzie
*R. Marsh
*B. S. Meldrum
J. W. S. Rickett
*Hazel M. Sargent
*E. N. Wardle
*F. Warwick
*Mary R. H. Webb
G. H. E. Woodbine
*D. A. Wright

Part II. Principles and Practice of Surgery

*A. H. Abrahams
*I. G. Chisholm
*J. M. Dawson
*D. Denis-Smith
*N. Dobie
J. A. Dyde
*J. Farmer
*C. J. Hunter-Craig
R. A. Lewin
A. W. McKenzie
*R. Marsh
*B. S. Meldrum
D. N. E. Myers
*Hazel M. Sargent
*E. N. Wardle
*F. Warwick
*Mary R. H. Webb
*D. A. Wright

Part II. Midwifery and Gynaecology

*A. H. Abrahams
*I. G. Chisholm
*J. M. Dawson
*D. Denis-Smith
*N. Dobie
J. A. Dyde
*C. J. Hunter-Craig
R. A. Lewin
A. W. McKenzie
*R. Marsh
*B. S. Meldrum
*I. S. Muir
*Hazel M. Sargent
*E. N. Wardle
*F. Warwick
*Mary R. H. Webb
*G. Willett
G. H. E. Woodbine
*D. A. Wright

*Have completed the Examination

UNIVERSITY OF LONDON
M.D.

J. Eastwood

CONJOINT BOARD
L.R.C.P., M.R.C.S.
Final Examination
July, 1959
Pathology

J. P. B. Budgen
G. P. Coleman
M. D. Farrar
D. R. Harvey
R. D. Hill
K. E. F. Hobbs
K. E. E. Hubble
C. W. Jamieson
C. C. Korvin
A. P. Lees
J. D. Lloyd-Still
D. N. E. Myers
S. M. Patient
D. Pickering
G. M. Preston
L. M. Razavi
I. C. Roddick
*C. J. Rowland
J. B. Sales
Ann Simpson
J. K. Smallshaw
Jean M. M. Steadman
P. L. H. Vernon
M. S. Wirk
J. D. Wonham

Medicine

J. S. Brewer
J. P. B. Budgen
H. M. Clink
H. R. Davies
E. R. Dixon
R. K. R. Innes

C. W. Jamieson
*Susan P. Kendall
D. N. Landon
D. A. H. Langman
A. P. Lees
I. F. Macrae
J. F. Murray
J. R. Norman
D. Pickering
Karen E. Poole
G. M. Preston
J. B. Sales
Ann Simpson
E. K. M. Smith
M. A. B. Sneary
P. L. H. Vernon
Barbara Walsh
R. W. Willé
D. E. Williams
M. S. Wirk
Ann J. Wiseman
J. D. Wonham

Surgery

*A. H. Abrahams
*I. G. Chisholm
*J. M. Dawson
D. Denis-Smith
*J. A. Dyde
*T. I. Francis
*A. W. McKenzie
*R. H. S. Mindham
*S. G. Moisey
*J. C. Oakley
*J. W. S. Rickett
*C. J. Rowland
*Hazel M. Sargent
*P. A. Trott
*Mary R. H. Webb
Jennifer A. Whitlock
*D. A. Wright

Midwifery

R. M. J. Andrews
B. Batten
R. G. Bury
Margaret E. Cash
*I. G. Chisholm
A. S. Cooper
H. R. Davies
*J. M. Dawson
E. R. Dixon
J. D. Eustace
M. D. Farrar
D. J. Fishlock
J. B. Gritton
D. R. Harvey
K. E. F. Hobbs
A. S. Horner
K. E. Hubble
F. H. A. Jago
C. C. Korvin
D. N. Landon
D. A. H. Langman
J. D. Lloyd-Still
S. McHardy Young
*J. J. Maher
J. F. Murray
D. N. E. Myers
S. M. Patient
A. R. C. Ralph
R. J. Rew
D. A. Reynolds
*J. W. S. Rickett
*C. J. Rowland
G. M. Slade
Jean M. M. Steadman
P. M. J. Tombleson
D. E. Williams
M. B. Wilson
Ann J. Wiseman
*D. A. Wright

* Have completed the Examination

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R. D. Smith, M.B., B.S., Langley Corner, Ifield, Nr. Crawley, Sussex.

BIRTHS

FAWCETT.—On 10th July, 1959, at the British Military Hospital, Hong Kong, to Angela (nee Fooks, L.D.S.,) wife of Surgeon Lt. (D) Michael Fawcett, L.D.S., Royal Navy, a son, a brother for Jane.

TYRER.—On 10th July, 1959, at Boston, Lincs., to Thelma and Keith Tyrer, M.B., B.S., a daughter (Carolyn Jane).

DEATHS

PILKINGTON.—On 4th July, 1959, Eileen Olive Pilkington (nee Ledwidge) of Meopham, Kent. (Radiographer, Guy's Hospital 1922/1943).

WELLS.—On 11th May, 1959, Stanley Martin Wells, F.R.C.S. M.D., of Castella, 414, Valparaiso, Chile.

EDS. { J.A.W. D.N.L.

Printed and Published for the Committee of Guy's Hospital Gazette by ASH & COMPANY, LTD. Holyrood Street, London Bridge, S.E.1.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1854 *15th August* 1959 *One Shilling*

PASSIM

HERE is the first normal-sized *Gazette* for eight weeks, and for most subscribers, the first of any size or shape. We can now send out, rather ruefully, the three cachectic issues which have punctuated the printing dispute. We have again to apologize to subscribers outside the Hospital for our enforced hibernation, to our advertisers for being unable to present their products to our readers, and to everybody for the necessarily inadequate *reportage* of events. Finance will be a major problem for the *Gazette:* the loss of revenue will mean that the subscription must be reviewed. We wrote in our last issue that our finance has gone awry; a quaintly mistaken letter made it seem that finance had "gone away". Both are true: meanwhile please help by settling any outstanding subscriptions.

A tribute is due to Mr. W. E. Simmons, Director of our printers, Messrs. Ash & Co. Ltd. The firm have produced the *Gazette* uninterruptedly for seventy years except for one issue in 1926, and it is a measure of the pride taken in the *Gazette* by Messrs. Ash that the three entire four-page issues were hand-set while the strike continued—a laborious and intricate task which was performed with incredible speed and accuracy, in order to bring out the *Gazette* on time.

We heard with sorrow of the death in an accident last week of Mrs. Madeleine Budd (née O'Callaghan), a Guy's nurse who married Dr. William Budd, a Guy's man. To Dr. Budd, who was injured in the accident, and to his children, we offer our deepest sympathy.

We urge those fortunate members of the Guy's community who can enjoy this summer's sunshine by spending part of the day on the lawns in the Park, to remember that the Park can and should be a very beautiful place, apart from being a most agreeable spot to relax. There is too much carelessness with papers and rubbish, and particularly with glasses, bottles and food which are sold at the Guy's shop and carried to the lawn by Shepherd's House. Anybody who cannot be sure that his memory and his time-table will allow him to clear up any débris, should be thoughtful enough to refrain from taking food and drinks into the Park.

The scaffolding is coming down from New Guy's House, on which work proceeds apace. While the interior is of course the main seat of operations, the surrounding approaches to the building are also well in hand. When Messrs. May's hop warehouse is demolished in a few months' time, the south face of the new block will be better seen and appreciated from Great Maze Pond. The gardens which will be created have already taken shape in the plans of the Head Gardener; the shrubs and trees which will decorate the new Hospital grounds are already growing and thriving in the country, and will be transplanted when the moment comes.

Scaffolding, alas, is also in evidence in the College. Some old guttering, weighing enough to kill, fell into the courtyard with an alarming noise last week, mercifully failing to fall when anybody was beneath it. A new gutter is apparently planned, if the ascending scaffolding is a guide. This can only be a terminal and palliative procedure—the College is beyond surgical aid, maimed, bruised, and shaken until it is literally cracking apart. It will be a great relief for all who are fond of the College when new quarters can relieve it of the task of housing the resident medical and surgical staff, a function which it performed so well for many years, but which it can no longer carry out with its former efficiency and dignity. It deserves honourable retirement and a swift end, rather than to die, slowly and painfully, in harness.

We are very glad to be able, at long last, to congratulate the Tennis Club on their very successful season. They have won both the Inter-Hospitals' cup and the University championships for the third successive year, this also being the ninth successive year in which they have won the Inter-Hospitals' cup.

APPRECIATIONS

MISS S. M. EVANS, S.R.N., C.M.B., M.C.S.P., T.M.M.G., T.M.E.

As one watched the nimble figure of Sister Evans tripping across the Park it was hard to realize that she was near retiring age. On 31st July she left Guy's after being Principal of the Physiotherapy School since 1936. Miss Evans became a student nurse at Guy's in 1922, becoming State Registered in 1924. She next proceeded to the Rotunda Hospital, Dublin, becoming a Certified Midwife in 1925. She returned to Guy's in 1927, as a physiotherapy student and after qualifying in 1929, spent the next two years as a student teacher, following this with two years on the staff of the Eileen Marsh College of Physical Education, Liverpool. She returned to Guy's in 1933 and joined the staff of the Massage School and on the retirement of Miss Hester Angove in 1936 became head of what was then known as the Massage Department. At that time the Massage and Light Departments were separate entities, being amalgamated into the Physiotherapy Department in 1938.

This brief history of her earlier years clearly shows that Miss Evans had a far more comprehensive training than the majority of her fellow teachers. She is the possessor of an extremely enquiring mind and has always kept thoroughly abreast of all the latest medical and surgical matters, taking the keenest interest in neuro- and cardiac surgery. Her knowledge of anatomy and physiology is profound and she insisted on a sound physiological basis for every type of treatment. Although she chose to be a teacher of physiotherapy, Miss Evans is a

woman of many talents and would have been equally successful in the field of music or the ballet.

Although retired from Guy's she has no intention of rusticating and is about to start a new career. Her predecessor, Miss Angove, took up painting on retirement: Sister Evans has chosen foreign languages. They have always interested her and at last she has time to learn them. Knowing her mental ability and powers of application it will not be surprising if she is next heard of as a teacher of foreign languages.

She has been a member of the council of the Chartered Society of Physiotherapy for the past eight years and is, at the moment, its Vice-Chairman. She hopes to continue with these activities during her retirement.

All past and present physiotherapy students and many members of the Hospital staff will join to wish her many years of health and happiness and look forward to seeing her whenever she comes back to the Hospital. Guy's will miss her.

E.J.C.

DOROTHY GWENDOLINE PARKINS

On 30th June, 1959, the Nursing Staff paid tribute to Miss Parkins on the occasion of her retirement after thirty-two years of outstanding loyal and devoted service to Guy's.

Better known as Sister in charge of 'B' floor Nuffield House, Miss Parkins entered the School of Nursing in June, 1927. On completion of her training in November, 1930, she was appointed a Staff Nurse to Main Theatres for a period of three months, before commencing her Midwifery training in *Victoria* Ward. Then came "Blues" with a variety of experiences as an Assistant Home Sister, a Surgical and Medical Ward Sister, Night Sister and as a Sister in Nuffield House, until April, 1941, when Miss Parkins undertook duty at Orpington and at the Wildernesse. In September, 1942, she returned to Guy's as Matron's Office Sister until 1945, when she returned to Nuffield House as Sister in charge of "B" floor.

For twenty-five years as a Ward Sister Miss Parkins was responsible for the teaching and training of Student Nurses. By her example she taught nurses what it was to make a patient really comfortable, to anticipate his needs, and to inspire his confidence, for she had a true sense of vocation, and a real love of humanity.

She was beloved and respected by her patients and the staff, and her influence within the Training School was profound She was kind and considerate to all with whom she came into contact, and she was always ready to help where needed. She was a deeply religious woman, and a great supporter of the Guy's Hospital Chapel which she loved. She was also a member of the Friends of Southwark Cathedral, and a member of the E.C. Empire Hill Branch of the "Toc H" Women's Association since 1946 for which she has worked very hard.

It was a very sad day for Miss Parkins when on 1st April, 1957, she left her patients in Nuffield House to take charge of the Hilton House Nurses' Home, but what a lucky day for the Night Nurses who were to be resident there until she retired in June, 1959. From the outset she was determined that Hilton House should be a happy home for the nurses, and the fact that they were always anxious to return to Hilton House when they were due for Night Duty speaks for itself.

We are delighted that Miss Parkins has been blessed with sunshine since she left Guy's to join her sister at Swindon and we hope that this augurs well for many happy and active years ahead, for she has much still to give.

J.A.

OBITUARIES

RAYMOND THOMAS HINDE.

Raymond Hinde died on 27th June, 1959 at the age of forty-three.

His tragic death following an operation comes as a dreadful shock to all who knew him.

Fully aware of his condition and all its implications he carried on with his work and daily life as though nothing were amiss; his characteristic humour masking a perfect courage.

Educated at Haberdasher's he entered Guy's in January, 1935.

Brilliant mimic and raconteur, he will be remembered most for his wonderful gift of humour. He brought it to every occasion and lectures and ward rounds were as good opportunities as other less serious moments.

He loved and had a wide knowledge of music, particularly English Church Music and that of Bach and the composers of the 16th and 17th centuries.

Widely read and a lover of language, he had considerable ability in writing and his editorial Passims stood alone in his generation as examples of constructive criticism, wit and fearless opinion, expressed in flawless prose.

A Rugby enthusiast, he was a competent and tireless hooker and remained a keen follower of the game; later he developed a love of sailing and crewed in several major ocean races.

After qualifying in 1940 he was appointed house surgeon, and then E.N.T. house surgeon, before volunteering for the Indian Medical Service, later transferring to the Royal Indian Navy.

Returning to Guy's he became Demonstrator of Anatomy and Registrar in the Throat Department, later being appointed Senior Registrar in the E.N.T. Department of the Radcliffe Infirmary, Oxford. It was here that he had the good fortune to meet and later marry Jean Briscoe, shortly afterwards being appointed Consultant Surgeon to the E.N.T. Department of the Royal Devon and Exeter Hospital.

In the pitifully brief 10 years of his subsequent career he achieved an enviable reputation.

Integrity, knowledge and experience were coupled to a singular insight into human nature; he was a clinician in the best Guy's tradition, whilst his operative technique was a model of meticulous skill.

Supremely conscientious, time meant nothing to him and over and again he sacrificed his own relaxation to the care of his patients, no matter how trivial the need.

Surgery has lost a master and we, indeed, have lost a treasured friend who brought wisdom and laughter, happiness and understanding to the many who were privileged to know him.

Our very deepest sympathy is extended to his family, to his widow Jean and her infant son. H.P.G.

MR. L. C. BELLSHAM-REVELL, M.R.C.S., L.R.C.P., L.D.S.

Mr. L. C. Bellsham-Revell, the Senior Dental Surgeon of Unilever, died suddenly on May 30th at a meeting of the Blackfriars Motor Club. He came to Unilever House on 1st February, 1949, and was responsible for building up the Dental Service from the beginning to its present size of three surgeries where 8,000 receive treatment yearly.

During the war years he served in the R.A.F. where he developed Dental Centres for treatment of air crew and cadets. Later he became a Maxillo-Facial Specialist at the famous East Grinstead, Queen Victoria Hospital. Later he was posted to the R.A.F. Hospital, Ely, to continue this work there. For his services he was awarded the M.B.E.

Educated at Chatham House School, Ramsgate, he later went on to Guy's Hospital, London to qualify as a Dental Surgeon in 1935, and returned there after the war to take a degree in Medicine in 1949.

His many friends will mourn the passing of a gay and lovable personality, whose kindness and professional skill will always be remembered.

NOTICE

THE WILLS LIBRARY

STOCKTAKING

The Wills Librarian would be most grateful if those in possession of books and periodicals borrowed from the Will Library would return them without delay for checking purposes during stocktaking.

Borrowers, engaged on work of a special nature, may retain their volumes for a further period without inconvenience to themselves by renewing the loan on cancellation of the existing record.

CAMBODIAN CANVAS

By LUCY YOUNG

It is July in Cambodia, with the wet season well under way. The chief midwife and I are making some of the last of our field trips, or "tournées" as they are called here, in the provinces to the far north and west of the country. Unexpectedly, we have finished work by nine o'clock on Sunday morning, instead of after lunch. We have no local official obligations owing to the congressional holidays that have taken the governor and the provincial medical officer away to Phnom Penh. So the lieutenant medical officer of the local army corps does not find us difficult to persuade to take a picnic to see the well-known Falls of Phanpeh, sixty kilometres away. We should have plenty of time to return to the province immediately south, whence we have come, and where we will spend another night before starting the day-long trip back to Phnom Penh.

And what preparations two men can make for a picnic. The lieutenant finds an able ally in the nephew of the chief midwife. He provides the eggs and the home-reared chickens, the rice and the salad. Then there is fruit to buy, coffee to be brewed, ice to be stored; bread of the freshest and crustiest only will do for such an occasion. A corner has to be found for an oil stove, for raincoats, for glasses, forks and bottles of soda water and beer. At last we are ready, and my contribution to the affair in petrol and oil for the car is also completed.

To say the weather is unsuitable would be the mildest of understatements. The rain descends in torrents. My doubts as to whether we should venture are gaily put aside, and even the solemn chauffeur develops a steady beam. Pleasures are doubled here by the amiability with which one can make official arrangements for friends who are holidaying, as we quite obviously are. The lieutenant has and makes friends wherever he goes, and it seems the same is true of nephew. So formalities for crossing the Mekong, and the Cambodian border into Laos are achieved quickly, and with a great deal of teasing and laughter. We cross this loop of the mighty Mekong by ferry, and as we reach the far bank the clouds lift, and if that were possible, spirits lighten still more. Nephew is associated with Customs, so we have an effective pantomime of searching, and pungent remarks on the extent of our preparations.

The road leads into the forest. Not the steamy, dark green tangle of some tropical countries, but a lighter, more sparsely treed vista. Occasionally a vivid flower shows up, purple, blue or red against the green, or, as rarely, a bird of colourful plumage or a pair of flaunting butterflies.

We cross the border, all three informing me of the fact. I look round, I hope intelligently, and fail to see the slightest change in the flora and fauna. I marvel at their acumen, until on the homeward route, we pass an immense stone needle, with the name of Cambodia engraved on it. The back of this pillar, lost to sight in the greenery, must have orientated the others.

Ahead we spy an uncomfortable looking temporary bridge, with whose kind we are woefully familiar. The chauffeur is going at a good pace, and we all enjoin him to slow down. To our alarm and astonishment he does no such thing, and we land on the far side with a jar that can be imagined. We descend, castigating him volubly, and full of fears that all sorts of parts are broken. Voluble also with relief that we are not all deposited in the chasm below the bridge.

It seems that we have no fluid in our hydraulic brakes. Our destination is still some kilometres distant, but the nearest village another six or seven beyond. The chauffeur points out, for our guidance, that it serves no purpose to return, as he cannot get down to the ferry. Therefore we must search for vital fluid.

We gaze rather sadly at the sign pointing to the Falls, and wonder when we shall get back to see them. At last we get to the village, where it seems the lieutenant and the nephew have more good friends. The Customs officer, a Laotian, who has half a dozen beautiful small children, calms us with sympathy and iced beer (from Saigon) and gives us his permission to proceed over still another loop of the border country. Meantime an ex-mechanic from Phnom Penh has confirmed the chauffeur's findings, and also that there is no brake fluid in this village. In the village past the "Poste" there may be some, and there is a 'working' mechanic there. Our friend has now retired from that life and conducts a savoury wayside restaurant. Over to the village, but no fluid. Back to our friend of the Customs. With a tin visibly marked Silicone Wax Restorer we go back to the

village mechanic, who decides in the nick of time that it really is Silicone mixture. We had hoped it was just another case of the Plums being in the Tapioca jar. Back again: and this time I say firmly that if no one else is fed the chauffeur must be, as he has become very dejected, whether from hunger, the car situation, or the effects of the beer that he has unexpectedly chosen to drink, or the equally unexpected price of the beer: rather more than ten shillings in English money for one bottle. So to our ex-mechanic friend who gives us permission to picnic under his welcome roof, for when it is not raining hard, the sun is high and hot. We titivate our banquet still further with soup and omelettes from the restaurant. Whilst we prepare, nephew is out hunting, and he comes back with such a beaming face that we are not surprised to see the tin of real brake fluid tucked into his pocket. How we enjoy our splendid meal. Cambodian "cheese" made of finely minced meat and spices and herbs is of the very essence of a picnic. Our host doffs his restaurateur's coat and he and the chauffeur anoint the brakes, and we all applaud when he takes it for a test run to show us how the brakes will bite into the splattering mud. Whilst waiting for this happy moment we have been taking family group snapshots, and have been trying to get a Laotian girl to sell us the charming yellow and green sampots (skirts) she has bought in Savannakhet. Not even the sad thought that we never visit there moves her. We part with smiles, the lieutenant with his square boy's grin wishing her luck in the effects produced by wearing the sampots. So to the Falls at last. A glorious sight of tumbling roaring water over a half mile width of river. It is raining again but we must take more snapshots. By a forked road we see another aspect of the Falls. The deceptive millpond serenity of the deep water before it thunders over the piled rocks below: and we marvel at the brilliantly green tree growing on a small island in the very midst of the Falls.

By slow degrees to the ferry, as we discover the brakes are not quite so true after all. However, they hold well enough with the car empty. At the Customs barrier, to my astonishment, my companions, who often forget how little Cambodian I know, make themselves comfortable and call for iced drinks in a nearby café. I find that the ferry has broken down on the other side of the river, and that no one knows when it will be back in service. We were late, but had hoped to be able to telephone to our host in the next province to say we could not dine with him, but would call early the next day; especially as he would have to notify the governor's house, where his mother-in-law, one of the most delightful of old ladies, expected us to spend the night.

Our enforced lingering is greatly diverted by the preparation of a stag. It has been found drowned, and the café proprietor has bought it for 1,000 riels (£10). It will sell at 15 riels a kilo, or even more. It is being cut into strips, well rubbed with salt and pounded garlic, skewered and hung up to dry. The nephew buys a kilo of undressed meat for his tiger cub, while the midwife remembers some of her country lore and proceeds to help thread and hang the strips with the most fascinating manual dexterity.

As darkness falls I persuade the lieutenant to board a pirogue, a wooden boat made from a hollowed tree trunk, to cross the river to telephone to our now most anxious host. The road between the provincial towns lies exclusively through the jungle, and it is a journey to be made by daylight, except for experienced people like hunters and forestry men.

Some time later we hear the roar of the ferry engines. Our car has already lost its "priority" as the chauffeur has moved inland, perhaps wistfully thinking a meal may be on the way. Again the rain descends in torrents, and to our astonishment the shining smiling face of the lieutenant appears. He has, marvellously, been able to leap from the pirogue into the ferry, and here he is with the good news that it is mended. We splash on foot on and off the ferry, giving the car a chance to try the brakes. We are almost washed to the doors of the communications post, so heavy is the rain by this time. Here we find that there have already been two enquiries for us. The officer in charge is expecting an official communication from the same province at any moment, and it seems certain that news of our whereabouts will be transmitted without fail.

Back to our various lodgings: mine an hotel unbelievably full of mosquitoes, and, as I have been told, not unknown to have cobras . . . Next morning on our way with heartfelt farewells to our companions and hosts. Through wet and lovely countryside, marvelling at the beauty of many flowers, some orchids and some of bolder character.

Arrived at the next town we find our host uncomforted by any message. He

has been so disconsolate that he has asked hunters passing through the forest to keep watch out for us, and to send him news if we are seen. The governor's mother-in-law has not failed to send peremptory demands to know where we are.

So we go to see her, to be sent on our way with blessing and rejoicing that we are safe and sound. Warmed with this and with a most delicious meal prepared and served by the fragile wife of the provincial doctor, we start back on our long road. It lies through dark rubber plantations where the mud is a slippery red glue: through forests, where no tiger is "less than two metres long", and through flooded fields reflecting the pale blue of the evening sky, with only wispy green tufts to foreshadow the rich harvest of rice.

There are two ferries to cross over the Mekong and the Tonlesap, and the darkness and quietness are in such contrast to the daytime hubbub, that we are silent ourselves, thinking of all who toil at night to make others safe.

INTERNATIONAL ATHLETIC TOURS

By PETER HILDRETH

At the end of every year, The Sports Writers Association name the sportsman who in their opinion has contributed most to Britain's international prestige. In the last six years thay have named five track athletes for this honour, Pirie, Bannister, Disley, Brasher and Ibbotson. Thus while cricket and football certainly have a greater following in this country, there is a good case for the claim that athletics is our top sport internationally.

In attaining this high standing, Britain's athletes travel on an average up to ten thousand miles a year. Every season there are at least two full international matches abroad and also half a dozen lesser trips involving small groups, and though these do not rank as full internationals, the presence of teams from several different countries usually exacts a high standard of performance from those selected.

The cost of organizing such meetings are met by the host country, except in the big Games, where the sheer numerical size of the migration makes it impossible for the promoting nation to recoup the enormous expense from gate receipts. This explains why appeals are always made for the Olympic and Empire Games, where each team is expected to contribute to the cost of participation. In some countries the State finances international sport, relieving the promoters of financial anxiety, but elsewhere, organisers in an amateur sport must of course balance the gate-drawing capacity of the teams they invite against the cost of importing them. Since these costs include assembly expenses, air travel, hotel accommodation, entertainment and prizes, the task is a heavy and responsible one. It is due largely to the existence of a small number of dedicated honorary officials throughout the athletic world that athletes can enjoy the benefits of world-wide travel.

My earliest recollection is of Brussels, the scene of the 1950 European Championships, where it is said that night clubs are as numerous as pubs in Nottingham. Unluckily those like myself who competed in the closing stages of the Games had little time to investigate that side of city life. The competitions resulted in a number of medals for Britain of which the most deserved was surely that of Jack Holden in the Marathon. Jack later told us that he had overtaken his Russian opponent because he could not bear to think of Stalin beating King George.

The Balkan tour of 1951 was an experience which most of the team would recall with amusement but would not care to repeat. A disastrous epidemic of enteritis took hold of us from the outset; Belgrade tummy became Athens tummy and finally Istanbul tummy. Stricken runners were obliged to leave the track several laps from home and only the declining standard of the opposition prevented Britannia from sinking most emphatically below the waves.

In 1952, the Olympic Games at Helsinki was the major target, for not only is an Olympic vest the most coveted goal of any athlete, but Scandinavia is also the ideal setting. Before leaving, those selected had the exceptional honour of being invited to Buckingham Palace, where Her Majesty the Queen, the Duke of Edinburgh and Princess Margaret received us at an informal afternoon party. It was really astonishing how well-informed they were on sport and how easy to converse with.

For those like myself who did not succeed at Helsinki, the experience was

none-the-less unforgettable. The Opening Ceremony was as tough a course as any Olympic race; for more than two hours we stood through a rainstorm, our sparkling white flannels looking much less elegant as we marched over the red surface of the running track. The fantastic feats of Zatopek will remain my outstanding memory of the Games, and the alleged attempt by the Russians to kidnap McDonald Bailey the strangest story to be handed on.

Russia's athletic strength grew enormously in the two years after Helsinki and they dominated the European Games at Berne in 1954. The same year a Moscow team visited London for an inter-city match, and a year later we went to Moscow for a full-scale international.

Recent newspapers coverage of events in Moscow makes it superfluous for me to attempt to describe that city. We were treated to "Don Quixote" at the Bolshoi, and contrary to team orders some of us saw "Madame Butterfly" the night before the competition. I was impressed by the magnificence of the Kremlin and a handful of other prominent buildings, but found in contrast that there was very little if anything in the shops worth buying.

We were of course beaten in the match but later were able to forget our defeat at a superb free-for-all buffet dinner, a function at which our rivals exhibited even swifter form than they had in the athletic arena. Since it was impossible, without being discourteous to our hosts, to observe the team ruling as to alcoholic consumption, some members of the team had difficulty in catching the early flight to Prague the following morning. There is no doubt too that our somewhat confused departure was hampered by the total unpredictability of the Russian administrative mind, as baffling in the arrangements for the British athletic team as in the weightier realms of politics.

Our visit to Prague and another trip to Bucharest a month later, together with subsequent visits to Budapest and Warsaw, have given me a fairly comprehensive glimpse of the capitals of Eastern Europe. In each of these cities I met with overwhelming kindness and made friends with whom I still correspond. My only regret is that one of them has since undergone a prison sentence for having been in touch with me.

The 1956 Olympic Games in Melbourne took us on the longest journey ever undertaken by a British team. Our outward flight was via Athens, Bahrein, Karachi, Calcutta, Singapore and Darwen, and the return trip via Fiji, Canton, Honolulu, San Francisco, New York and Gander.

As we only left the airport at three of these stops, our impressions were not so universal as this itinerary suggests, but we did have one steamy night in Singapore and brief sight-seeing tours of San Francisco and New York, enough only to make us wish that we could stay.

Melbourne itself enjoys a climate surprisingly like our own so we were perhaps more quickly acclimatized than some. The Olympic Village afforded us home comfort in a new housing estate, with tracks for those who still wanted to train, Finnish baths for those who wanted to lose weight, and a dance hall for those who needed relaxation. The whole camp was fenced off from the marauding public with a high paling, while an even higher fence separated the women's quarters from the men's.

As at Helsinki, the Opening Ceremony was by the far the most gruelling test of the Games, though this time extreme heat took the place of heavy rainfall. The reception given us by flag-waving Australians as we drove to the Olympic stadium seemed to me as enthusiastic as a coronation procession.

The outstanding athletes of the Games were Vladimir Kuts of Russia and Bobby Morrow of the U.S.A. Kuts ran the first half of the 10,000 metres final only a fraction of a second slower than Zatopek's Olympic record for 5,000 metres set at Helsinki, thereby earning the press title "Iron Man" and the everlasting respect of his rivals. Morrow, the sprint champion, rated with Jesse Owens as the fastest of all time, exchanged his track suit with mine to provide me with the most valuable souvenir of the Games. Britain's only gold medallist, Chris Brasher, gave us a surprise which took weeks to wear off.

In the two seasons that have elapsed since Melbourne, there have been many trips and increasing success for Britain's teams culminating in the exceptional performance of our athletes at the Empire Games in Cardiff and the European Games in Stockholm last year. We look forward this year to revisiting Moscow and Helsinski, and next year to the Olympic Games in Rome. Already two small teams have taken part in pre-Olympic meetings there, enjoying a foretaste of the real thing and building up a strong desire to visit Rome again in 1960.

These snapshot impressions convey some of the moments enjoyed by that fraction of one per cent. of Britain's athletes who reach international class. Of the many rewards of athletic success, foreign travel is perhaps the greatest; it is also one of the main incentives for the up-and-coming generation in the sport.

THE ART SOCIETY'S EXHIBITION, 1959

Mixed exhibitions are always something of a special problem to the critic. They are a strain on his mental digestion and even more on the elasticity of his sympathies. I don't preface my impressions of the Art Society's Exhibition at Guy's with such a remark to evoke pity for the critic's lot; none, luckily, is needed. But it is necessary to make clear how, or indeed if, impartiality of judgment is possible when an exhibition embraces anything from painting to pottery, or styles ranging from abstract to representational, amateur to near-professional, the carelessly improvised to the laboriously calculated. There can be good and bad in each category, but there cannot be standards which apply to all alike, any more than there can be tastes to which all are equally enjoyable. Art, after all, can only be measured by such incalculables as the amount of pleasure it gives, and for that a certain sliding scale of values is necessary if only to offset the prejudices and preferences of personal taste.

Two prejudices of mine, for example, centred my interest more on Mr. Christian Kurvenal's group of paintings than on anything else in this show. In the first place, they possessed greater technical assurance than was to be found anywhere except in a few of the ceramic pieces. Technique, in these days when we have learned to appreciate what inspirations even children are capable of, is not everything. But it is like a pledge to the spectator that allowances need not be made, as they have usually to be made for the amateur on the grounds that the artist is not articulate enough to say his say with the clarity he intends. In the second place, they were abstracts, which I enjoy. The gritty textures combined with a sort of phosphorescent colouring and suggestions of murky space made sense of romantic titles like "Dis" or "Curse", and though the ability to elaborate interesting surfaces was rather stronger than that to command form which would really make the painting "tell" effectively as an image, there was considerable movement and glitter about the big "Malaga Fiesta". On the other hand, the abstracts by Mr. D. K. C. Cooper seemed not only raucous in colour, but as lacking in any definable purpose, apart from a little spuriously energetic splashing about, as much of the action-painting that gets into the dealers' galleries. Miss D. A. Baker's abstract "Life", was rather better though heavy-handed; but she was exhibiting as well three portrait-heads, of which one, of an old man seen full face, was remarkably expressive (especially about the eyes) in spite of rather tentative drawing and dragged paint.

Outside the abstract range, two little paintings that caught the eye were by Mr. John Rake, particularly the "Landscape with Willows" which preserved a feeling of depth and freshness in the scene while simplifying it cunningly to a matter of unshaded colours and cut-out silhouettes. This was one of the few really stylish pictures in the exhibition, though Mr. C. N. Mallinson's gouache of "Durham", with its Cotmanesque patterning of greens and blues only marred by an indeterminate tree to the right, came near to being so, as did a little portrait of "Susan" by Dr. Maurice Lessof which effectively matched the solemnly good-mannered look on the child's face with a tidy precision in the lay-out of spoon, plate and doily. This, incidentally, was a painting well served by its frame, of which a similar example was another striking little picture of a girl's head, minutely detailed and roguishly alive, by Mr. S. O. B. Roberts. Wrong framing can do as much harm to a painting as good framing can flatter it. A bright, largish watercolour of sunlit fields by Miss Jennifer Coles would have lost its rather woolly appearance if it had been mounted with broad, crisp margins, and Miss Pat Fleming's capable though unassuming study of three trees would also have benefited from a frame that threw it more into relief.

Mr. S. O. B. Roberts was clearly the "character" in this collection, a sort of Pre-Raphaelite primitive surprisingly uneven in his draughtsmanship but usually convincing in the way he polished detail for the love of it. His "Crucifixion" I found particularly impressive: the subject makes any superficiality of treatment

or feeling immediately distasteful, but this little painting fought its way through clumsinesses of drawing to an undoubted intensity of expression. Another exhibitor who looked as if he could have lent some weight to the proceedings if his contribution had been more substantial was Mr. Stewart Cameron. His "Winter Lake", rather battered in texture, was based on an effective idea which needed working out a second time, but his batch of pencil drawings and designs gave some indication of a natural proficiency. They were the only drawings that did so in a selection which was in any case very small, but this is perhaps not surprising. Drawing is really a much more rigorous discipline than painting—the "philosopher of art," Baudelaire called the draughtsman—and one which first proves whether the part-time artist is merely enjoying the dabblings of a dilettante or has begun to get involved in the exhausting struggle to elucidate visual experience which really constitutes art.

A few more pictures call for individual mention, notably Dr. W. N. Mann's "Landscape near Kyrenia, Cyprus," in which the sun-bleached quality of sky, sea and buildings had been nicely appreciated in pale tones. Mr. J. M. Holmes showed some competent portraits and one vigorous-looking landscape, but like Mrs. Eiladh Kilpatrick's otherwise commendable work, they displayed a tendency towards that soapy conception of colour which seems peculiar to art-classes. I have a personal aversion to it, and have never understood quite where it originated; go into any gallery of either old or modern masters and not a trace of it can be found. A hint of the art-class was also suggested by Mr. Erasmus Harland's "Still-Life", a conscientious design with some pleasantly full-bodied colour and tone to it, and it is hard to tell how the crude and untidy expressionism of "Iberia", with its eyes, cats, and night-life, could come from the same artist. Mr. Hugh Kinder's carefully worked study of teal alighting was dry and unsympathetic as a painting, and would have caught an impression of flight better had the silhouette of the drake not cut into the line of the mountains. Two much warmer pictures were Dr. Jean Morton's "The Pool" and Mr. Leigh Parry's "Llyn Llydaw", the latter a delightfully free and technically accomplished impression.

No account of this exhibition would be complete without ending on a word of praise for the ceramics. Miss Lucia O'Brien's gracefully drooping seated figure, Mrs. O'Brien's sturdy casserole with its attractive altercation of glazes inside and out, the bowls by Mr. C. Appleton and Miss Henriette Pels and the jug by Mr. Michael O'Brien made a reassuring central group in which the inevitable shortcomings of amateurism could be forgotten in the more rewarding and important business of sharing the pleasure of people discovering how form and colour spring into being under the shaping hand.

CORRESPONDENCE

Letter to the Editor of the Gazette

Toothbrushing after School Dinners

SIR,—With a large proportion of school children having school dinners, there is at present little or no opportunity for them to clean their teeth after this meal. This leads to laziness in toothbrushing after other meals.

Fluoridation, and toothpaste research may help to reduce caries incidence, but if all children had the opportunity to clean their teeth after school meals there would be a greater awareness of its necessity, and a consequent improvement.

I suggest that all conscientious Guy's men should raise this matter, to try to get lockers provided for toothbrushes for all children having school meals.

There may be an outcry on grounds of expense, but if successful there should be an overall saving. There is also the difficulty of possible opposition from school staff who might be involved in extra duties.

We have a duty to lead public opinion and to try to achieve a higher national standard of tooth-consciousness.

I hope that some influential Guy's men will take up this matter. If it is successful I feel there will be a very worthwhile improvement, provided it has a good publicity campaign.

Yours etc.,

D. OSMOND-SMITH.

65, West Street,
Havant, Hants.

MEDICOS LOOK AT . . . . .

Tyrone Guthrie is a name to conjure with and he has been responsible for the production of *All's Well That Ends Well* which is now at the Shakespeare Memorial Theatre at Stratford-on-Avon. The production of this play can be an opportunity to discuss the play itself, a visit to Stratford, producers, Shakespeare in comparatively modern dress or Edith Evans, any one of which (or whom) could be the subject of a long book rather than a few cursory notes. However, on this occasion it is the production itself which is of most interest since in the writer's opinion, this is one of Shakespeare's less attractive plays in spite of the fact that *Others abide our question, thou art free*. There is little outstanding verse in the play and the plot hinges on an improbability which is very difficult to accept. Given the play with few stage directions, a producer has to decide how best to present it without distorting too much the play itself and at the same time he has to appeal to a modern audience which will not accept five acts with innumerable scenes. One can only admire the ingenuity with which the play is divided into three acts with several changes of scenery which take place in an acceptable manner.

A more debatable point is the use of modern dress. This writer has seen *Hamlet*, *Julius Caeser* and *Troilus and Cressida* presented in this way and thought that on the whole they were successful, but at Stratford the language of Parolles ill-fitted his appearance as a lower class, flash man-about-town and the dialogue between the officers at the beginning of the second act sounded singularly inappropriate. There were many other features of this production which gave the impression of being almost gimmicks—the choosing of the husband by Helena (a copy of the third act of *Swan Lake*, if ever there was one) and the burlesque parade and inspection of British troops in colonial dress (funny if one likes this sort of extraneous and superfluous clowning around on the stage).

It comes as a surprise to see this production after Dr. Guthrie's claim that at Stratford, Ontario, where he uses a stage in the centre of the theatre he relies on the verse rather than the pagentry. This presentation of *All's Well that Ends Well* reminded one of many fussy details which frequently marred productions at the Old Vic after the war, when Dr. Guthrie was director.

One cannot leave the play without expressing admiration for the way in which Edith Evans speaks her lines and, in an unostentatious way, impresses the audience with her acting, and daring to forecast a bright future for Zoë Caldwell who played the part of Helena.

* * * *

At the beginning of each year film and theatre critics usually look back at what they have seen and choose the best 10 or 12 films or plays of the year. One film critic wrote that 1958 was undoubtedly Ingmar Bergman's year. This director, although only just over 40 has been connected with films for nealy 20 years. He claims that he owes a great debt to other Swedish film producers and yet his films are so outstanding that 10 out of 20 of those being shown during the present season of Swedish films at the National Film Theatre have been directed by him. In addition the Hampstead Everyman has already run two series of his films and the Paris Pullman in Kensington has also run one recently. Not infrequently one of his better known films may be seen at almost any cinema in London.

The National Film Theatre called their season of Swedish films *The Passionate Cinema* and there is no doubt that this is a well chosen description. Almost any of Mr. Bergman's recent films show an intensity of feeling which cinema-goers find disturbing and provoking. He seems to be engrossed with the most intimate details of the personality of his main character and at times one is puzzled with regard to what he is trying to say. His *Wild Strawberries* in which an elderly professor is going to his university to be honoured on his retirement shows some of the hidden parts of his past life and how in the professor's dreams these keep returning to haunt him. Everybody thinks the professor noble and upright and his pupils obviously worship him. His daughter-in-law is not so sure and in the end we realize that people are not what they seem. This may sound trite but the way in which Bergman brings this out is most impressive.

In *The Seventh Seal* the theme is more universal. The story takes place in he Middle Ages and is concerned with a Knight wandering through a plague-smitten countryside. He will die soon but is fighting Death in the form of a game of chess. Of course he loses in the end but manages to ask critically why there is so much suffering in the world. At the same time one gets the impression that the love of a man for a woman and their children is something that ennobles life

and makes living worth while. The film is so allegorical at times that many people in the audience are bewildered but even they cannot fail to be impressed by the director's treatment of many of the scenes.

Sawdust and Tinsel is a horrible film in which we see the degradation of the owner of a small circus who although he is not a likable character should not be subjected to the succession of misfortunes which befall him. There is something sadistic about the treatment of this man and his mistress and yet in spite of all that has happened, at the end of the film they both have to go on living and the end is like the beginning, the circus carts go off into the country to carry on as best it can.

This sadistic streak is seen in many Swedish films and plays (Strindberg, for example) and one wonders whether there is something about living in Sweden which makes this an inevitable feature of some aspects of their art. It is said that the long, dark, winter nights make them a little unstable and introspective. Sweden has a relatively high incidence of suicide, divorce and alcoholism as compared with most countries in Western Europe and these may reflect the same problems. In spite of this there is an intensity of feeling about the individual characters of their plays and films which thoughtful cinema and theatregoers find stimulating. There are certain aspects of these characters which are not specifically Swedish and are almost universal. When we see an Ingmar Bergman film we usually see a bit of ourselves and something of the dilemma of the whole of humanity and these alone lift his films out of the ordinary.

* * * * *

They do things differently in Italy where good opera is almost regarded as part of their national heritage. When *Tosca* is being played at Covent Garden with Argeo Quadri as the conductor and Luciana Serafini, Gianni Poggi, Scipio Colombo, Zinca Milanova and Ferrucio Tagliavini singing, the prices are put up and one can get tickets only with the greatest difficulty. One was very surprised to find that two days before the performance at the Teatro del Tremila in Torre del Lago Puccini (the composer was born here and the theatre and museum are dedicated to Puccini) hardly any tickets had been sold and the price was about half of that at Covent Garden. On the evening of the performance one found out why. The theatre was in the open air and no one risked the sudden thunderstorms which are characteristic of this part of Italy (near Pisa). It had rained heavily all day and the seats were very wet. Fortunately we had raincoats in the car and sat on these, but other people bought masses of corrugated cardboard on which they sat. As we went to our seats we felt immediately at home on hearing a broad Scots accent saying to us "This is a bit different from the Empire in Glasgow".

Eventually the opera started—twenty minutes late. This seems inevitable in Italian opera houses. The first act was as good as expected although one had to get used to the absence of the usual flies and curtain. The interval was a revelation. The bar sold everything, especially bread and salami, and everybody seemed to be eating enormous quantities of food. Along the aisles a very old man with a venerable beard and trilby was selling peanuts in their shells, and a very young boy was selling packets of chewing gum—almost like the Marx Brothers in *A Night at the Opera*. After a long interval everybody was in their places and suddenly the drumming started. Almost the whole audience beat with their feet on the wooden floor on which the seats were placed. The drumming rose to a crescendo and died down again but since the performance did not begin the drumming started again. After this was repeated several times eventually the second act began.

In the second act of *Tosca* the hero, a tenor, sings at one stage only one word, *Vittoria*, on a high note and much to our astonishment there was a burst of applause. That it was not a political demonstration for liberty against tyranny as suggested by someone, was shown by the applause for the aria *e lucevan le stelle* at the beginning of the third act when the audience demanded an encore and applauded it before it ended when the tenor sang a particularly high note. One wonders what Sir Thomas Beecham would have said and done.

The second interval was as long as the first and we had another demonstration of drumming. Finally the opera came to an end at 1.15 a.m. and the audience rushed madly out of the theatre. Shades of Covent Garden where the gallery does not regard the opera as finished until they have had their ten minutes' applause and curtains.

REVIEWS

Hernia. By SIR HENEAGE OGILVIE, K.B.E., M.Ch., F.R.C.S. Published by Edward Arnold Ltd. (London). Pp. 135. *Price* 28*s.*

This monograph is written in Sir Heneage's characteristic style. It is lucid, detailed, dogmatic and certainly not obsequious, for the Ogilvie bonfire well and truly burns up those ideas and methods of hernia surgery of which the author himself does not approve. Most of the views expressed upon the principles of hernia repair are widely accepted, but Sir Heneage is at pains to point out that individual operative methods, and personal likes and dislikes in sutures and suture-materials, can never be anything but extremely varied. His own ideas on these latter topics are sometimes repetitive and are set out in great detail. This kind of detail may arouse differing emotions in different readers, but should not be allowed to detract from the pleasure of reading a thoughtful and stimulating dissertation upon a universal surgical problem.

A large part of the book is devoted to a study of inguinal hernia and then come chapters on hernia below Poupart's ligament, the other types of hernia of the abdominal wall, and some of the rarer herniæ in the pelvic region. There is no mention of rectal prolapse as a problem of sliding hernia, nor of the different varieties of diaphragmatic and hiatus hernia which could with benefit have been included in a monograph of this size.

To those responsible for surgical teaching and the training of young surgeons, this book should give serious food for thought. We at Guy's have had ample time to ponder Sir Heneage's writings on the subject of hernia, and although we accept and practise his principles we shall continue to allow ourselves the privilege of individual variation in their application. What matters in the operative treatment of hernia is that it should cease to be designated and delegated as "minor surgery". It should be both taught and practised by those who have given thought to its problems and who possess the experience necessary to meet its many difficulties. If the present monograph acts as a stimulus to achieve this end its author will surely be well-pleased with his labours.

S.H.W.

A Guide to Orthopædics. By T. T. STAMM, M.B., B.S., F.R.C.S. Blackwell Scientific Publications. 1959, *pp.* 115. *Price* 12*s.* 6*d.*

This book is written for those who, in a non-specialist capacity, play a part in the care of the orthopædic patient—the school doctor, physiotherapist, chiropodist and other auxiliaries.

It deals with the general principles of orthopædics and, for the most part, individual conditions are not considered in detail. Nevertheless, the clarity with which these principles are illustrated in the common conditions of orthopædic practice will give the reader a thorough comprehension of the scope and problems of modern orthopædics.

The descriptions of the mechanics of joint function, especially of the knee and foot, are particularly helpful, and there is an excellent chapter on the principles governing the treatment of bone and joint injuries.

The consideration of treatment is essentially practical and contains a great deal of common sense, particularly in relation to the use of exercises.

The general approach is a refreshing departure from the conventional text-book and it can be warmly recommended, not only to the practitioner and medical auxiliary, but also to the medical student as a valuable companion to the standard text-books.

B.H.B.

An Introduction to General Practice. By D. CRADDOCK. 2nd edition. H. K. Lewis & Co. Ltd. *Price* 42*s.*

It is a good thing to see a second edition of a book dealing with the subject of general practice, for it shows that interest in this, the oldest branch of medicine, is increasing and that it is also being realized that general practice is really a speciality in itself requiring its own techniques and dealing with its own variety of diseases.

This book, written by a practising family doctor of the younger generation, is intended as an "introduction" but it turns out to be very much a "synopsis" of general practice. Its 34 chapters attempt in 500 pages to cover the whole range of general practice. There are chapters on legal and administrative aspects, on

emotional problems, on pædiatrics, on the care of the elderly, and on midwifery and gynæcology, in fact its aims to "include some reference to all conditions which the average practitioner sees once a year" have been achieved. A very brave and ambitious undertaking has succeeded in quantity but has failed in quality.

Inevitably the result is a synopsis that is written in a short and sharp style padded with many clichés. Each chapter ends with a long list of references to other peoples' works but there is little evidence of any original work or thought by the author himself. Important general practice subjects such as chronic bronchitis and acute throat infections receive a disproportionately small amount of space. There is a lack of that philosophical approach to the patient as a whole-being that is so important in general practice. It would have been better to have been less ambitious and more satisfactory to tackle a smaller number of topics in more detail than to try and cover the whole field in such a sketchy fashion.

The book is one that can very usefully be perused by the final year student in order to get an insight into the problems of general practice and it should help the young trainee in practice to see the conditions that he is called to treat in their proper perspective.

J.F.

Clinical Neurophysiology. By JOHN MARSHALL, M.D., F.R.C.P., M.R.C.P., D.P.M. Blackwell Scientific Publications, Oxford, 1959. Pages 296. Illustrated. *Price* 37*s*. 6*d*.

"The aim of this book is to present such scientific knowledge about the nervous system as seems relevant to the clinical scene."

In fourteen chapters each roughly twenty pages in length Dr. Marshall has given a clear account of the main facts about the nervous system. The bibliography includes all the classical papers and monographs known to your reviewer and is at the same time selective and up-to-date. Although the book contains considerably more detail than is required of students the matter is so lucidly set out that they should find it informative and interesting reading at the preclinical and clinical stages. Dr. Marshall has selected and presented the facts in a most helpful way, without subtracting from the impression that he is dealing with a living body of changing knowledge. For information or study the book is excellent.

J.N.H.

Wolff's "Diseases of the Eye". 5th Edition, 1959. Revised by R. J. H. SMITH. Cassell Ltd. Price 42*s*.

This book is intended as a guide for students and practitioners and there is no doubt that it serves this particular purpose most admirably for it is very well adapted to their needs.

The essential features of the more common eye conditions are clearly described and one chapter is devoted to a short account of the more frequently performed ophthalmic operations.

The selection of the material included in the book and the space devoted to the individual eye conditions is in general very well balanced although the senile degenerative affections of the eye might perhaps have been described more fully.

The section devoted to an account of the preparations used in ophthalmology will undoubtedly prove to be particularly valuable.

This revised addition is very well produced and the illustrations are uniformly excellent. In short, this is a book which can be strongly recommended to medical students and practitioners and its cost for these days is most reasonable for the value obtained.

C.A.G.C.

General Pathology and Bacteriology for Dental Students. By R. L. BISHTON, M.D. John Wright & Sons Ltd., Bristol, 1958. Pp. 317. 112 illustrations. *Price 42s*.

This book is an original and courageous attempt to present to the dental student the principles of general pathology and bacteriology as one. To many dental students these subjects may appear quite unrelated since they are often taught by different people on different floors. Based on his experience of teaching these subjects to dental students the author has succeeded in integrating them in an instructing and stimulating manner.

This is a book one immediately takes to, it is written in an easy style, clearly

printed on good paper and nicely bound. The illustrations are excellent but some of the photomicrographs lose some of their value by being of too low a magnification.

The chapters are arranged in a novel yet sensible fashion, and to give an example, the bacteriology of the staphylococcus is considered with the pathology of osteomyelitis. There is something very refreshing about this approach and there is no doubt that this excellent book is a valuable addition to the small selection of books available to dental students on these subjects.

B.E.D.C.

SPORTS DAY, 1959

Sports day was again blessed with fine weather and pretty girls. This year as an added attraction we were given an exhibition of wrestling, our thanks for this fine effort go to Mr. Workman.

The sideshows were mainly of our own making and they all proved successful, especially the lady who lent her dress to a "guess the number of spots" competition.

The novelty events were too great a success, the field for many of them being far greater than in previous years. The Tankards managed to retain their hold on the Beer race, but competing holders of titles in other races, were "shown the way" by more energetic "athletes". The Houseman's Hundred proved rather amusing as the leading man was brought down by an energetic 'Staff nurse' ; perhaps he hadn't realized that forgotten loves may even follow one on to the athletic field. In the Clubs' Relay there were numerous oddities, many runners, hats, umbrellas, a man in a bathchair carrying a tuba and several climbers roped together.

Of the athletics, little may be said—many of the athletes are a shadow of their former selves, but new blood has been injected into the team—outstanding is Denis Waters who won the Clement Lucas Victor Ludorum cup on his first sports day.

Our thanks are extended to our President's charming wife for presenting the prizes, to the President and vice-presidents for their help and support on sports day and advice before.

SPORT

CRICKET

Inter-Hospitals' Junior Cricket Cup (2nd Round)

Guy's 2nd XI v. The London 2nd XI

Result—Guy's won by 135 runs

Brighter cricket was certainly in evidence when Guy's played London in the second round of the Junior Cup at Honor Oak Park, on Thursday, 11th June. Guy's won the toss and went in to bat on a perfect batting wicket. Fifty minutes later the 100 was up and after a further forty minutes 200 runs had been scored. With the first wicket down at 32, Sievers joined Ribiero and together they took the score to 120 before Ribiero was caught at mid-on. In his almost chanceless 86 he had scored one six and thirteen fours. Sievers, now with Cook, continued to score freely and both stayed until the last ball before lunch when Sievers was given out l.b.w. He had scored 106 including one six and eighteen fours. Guy's were now 215 for 3 and continuing after lunch for a further 45 minutes were able, thanks to good batting from Cook, Roberts, Palmer and Murphy, to declare with the score at 280 with five wickets down.

London were now left with 3 hours and 45 minutes to score the necessary runs but were kept down by a good fast opening attack of bowling from Williams and Trevelyan. In the 70 minutes before tea London had scored 48 runs for the loss of 5 wickets. Play resumed with spin bowler Tanner at one end and the fast bowlers at the other and though all three bowled well they did not have things all their own way. London made a stand and the next wicket fell with the score at 90. Eventually, Guy's again got on top and London were all out for 145. Tanner took six wickets for 52 runs and Williams three for 23 runs.

Guy's 2nd XI

R. Tanner, st., b. Asmal	2
M. Ribiero, ct., b. Pinto	86
P. Sievers, l.b.w., b. Asmal	105
J. Cook, c. and b. Pinto	31
D. Roberts, ct. and b. Pinto	21
A. Palmer, not out	9
A. Murphy, not out	18
M. Williams, P. Nicklin (Capt.), R. Trevelyan E. Barker, did not bat.	
Extras	8
Total for 5 wickets declared	280

London 2nd XI 145

(G. Allan 62 not out, D. Dainty 23)

Tanner	15—5—52—6
Williams	15—8—23—3

2nd XI Results

Guy's 2nd XI v. Orsett 2nd XI

2nd May, 1959 Result—Won

Guy's 94 Orsett 91

(R. Tanner 5 for 24)

Guy's 2nd XI v. Honor Oak 2nd XI

9th May, 1959 Result—Lost

Guy's 41. Honor Oak 42 for 4

Guy's 2nd XI v. Dulwich 2nd XI
16th May, 1959 Result—Lost
Guy's 139. Dulwich 141 for 5
(R. Tanner 32, P. Sievers 31)

Guy's 2nd XI v. Old Olavians 1st XI
23rd May, 1959 Result—Lost
Guy's 99 Old Olavians 100 for 6
(A. Murphy 47, R. Tanner 4 for 22)

Guy's 2nd XI v. Crofton Park 2nd XI
30th May, 1959 Result—Lost
Guy's 106 Crofton Park 107 for 2
(R. Warren 32)

Guy's 2nd XI v. Catford Wanderers Strollers
6th June, 1959 Result—Won
Catford W. Strollers 97 Guy's 98 for 4
(E. Barker 6 for 22, R. Trevelyan 4 for 20
R. Warren 35 not out)

Guy's 2nd XI v. London Hospital 2nd XI
20th June, 1959 Result—Won
London Hospital 133, Guy's 134 for 6
(R. Trevelyan 4-19, P. Nicklin 3-50, E. Barker 3-11, M. Ribiero 41).

ROWING

The Rowing Season concluded last term with the success of the 1st VIII moving from position 104 to 73 in the Tideway Head of the River at Putney being only 7 seconds behind St. Thomas's, the hospital holding the highest position.

The main event of this term was the United Hospitals' Bumping races in May and in preparation Guy's entered the 1st VIII in two events prior to this, namely Putney Amateur Regatta and the Vesta Dashes.

Putney Amateur Regatta

Junior VIIIs

This was rowed from the "Crabtree" Hotel to the University Stone at Putney, a distance of just over one mile. Guy's, in the first heat, were drawn against London Rowing Club.

Guy's were off to a bad start, probably due to the crew's lack of experience of stake-boat starting. During the row most of the poise and slide control gained in the training sessions of paddling firm was lost, and the crew appeared to be very rushed. Guy's eventually lost to London by 2½ lengths after being about ½ length down at the start. London eventually won the event.

Vesta Dashes

The following week, 7th May, Guy's were again drawn against London Rowing Club in the semi-final of the Junior event of the Vesta Dashes. This is a short sprint of about 500 yards from about the Craven Steps to Vesta Rowing Club at Putney. The start was again from stake boats. This time Guy's made a much better start and rowing at a rating of about 30-32 held London to about the beginning of the boats. The "cover" was a little more than that of the previous week, and the slide control improved, but the crew still needed a little more racing experience in order to row efficiently at that rating. However, Guy's lost to London by ½ length after a very exciting race.

Crew: Bow: W. Long, 2. M. Parish, 3. S. Faithfull, 4. F. Schweitzer, 5. R. Heald, 6. T. Redpath, 7. H. Clink, Stroke: P. Dobson, Cox: J. Weedy.

United Hospitals' Bumping Races

These were held on 18th, 19th and 20th May. The course of 1½ miles is from Syon House to Kew Road Bridge.

Guy's entered three crews which all performep well in the circumstances. Unfortunately Bart's withdrew all except one of their crews in protest against a woman cox in one of the St. Thomas's boats so that the resulting gaps in the divisions reduced the chances of many crews making a bump or being chased by a following crew, which somewhat "damped" the excitement!

1st VIII

On the first night, the 1st VIII were behind St. Thomas's head of the 1st Division and were being chased by Westminster Hospital.

After a somewhat surprised start, Guy's cut the St. Thomas's lead of 1½ lengths to just under 1 length which they held for about 2 minutes. After this the St. Thomas's crew increased the distance to about 1½ lengths where they stayed for the remainder of the course. Westminster finished about 2½ lengths behind Guy's and never came within striking distance.

On the second night Guy's, after a more powerful start, closed the St. Thomas's lead to just over ½ length, but during the third minute St. Thomas's again drew away. Westminster, however, during the fifth minute increased their pressure with a series of powerful spurts, and when the wash from a passing launch caused one of the Guy's crew to be knocked on his back, the Westminster bows were just under 18 inches from the Guy's rudder. After a few erratic and somewhat fear-inspired spurts Guy's managed to increase their lead and finished with a comfortable 1½ lengths of clear water behing them.

On the third night, the crew was unsuccessful in its attempt to bump St. Thomas's who were strong enough to hold Guy's and draw away over the latter half of the course.

2nd and 3rd VIIIs

These were the traditional gentlemen's crews containing some experienced oarsmen, some in training, but the majority untrained. On the first night the 2nd crew made a technical bump, but on the second and third nights were forced to row over "chasing" the so called "phantom" boats. They finished top of the second division.

Crews:

1st VIII Bow: W. Long, 2. J. Axton, 3. R. Rippon, 4. F. Schweitzer, 5. R. Heald, 6. T. Redpath, 7. H. Clink, Stroke: P. Dobson, Cox: T. Weedy.

2nd VIII Drawn from: W. Gumpert, R. Mindham, W. Essen, S. McKenzie, S. Faithfull, C. Mallinson, B. Blackwell, M. Keir, R. Andrews P. Nicklin.

3rd VIII Bow: G. Read-Ward, 2. P. Nicklin, 3. D. Smith, 4. J. Atkinson, 5. F. Chate 6. J. Stanford, 7. A. Williams, Stroke: D. Richards, Cox: R. Porter.

Allom Cup Races

These were held on Saturday, 30th May, and rowed between Kew Railway Bridge and the finish of the Boat Race at Mortlake Bridge, a distance of about one mile.

Guy's entered an eight in the junior division, the Roderick Hill Trophy, and three fours in the clinker fours.

The eight was beaten by Imperial College after an uncomfortable race starting with a collision. It was later discovered that the fin of the Guy's boat was badly bent which was probably responsible for the collision and the cox's subsequent difficulty in steering.

In the fours, Guy's I beat the Royal Veterinary College quite comfortably by three lengths in the first heat. In the semi-final it had a moral victory over Battersea College by winning by just over three lengths but unfortunately, owing to an appeal by Battersea, was disqualified. Guy's II and III were drawn against each other in the first heat. Guy's III performed remarkably well and were leading by ½ length for a large

part of the course. However, they were beaten by a length after a final spurt on the part of the second crew. Guy's II then beat Imperial College by a length in the semi-final after a thrilling race and revenge was accomplished when they met the Battersea crew in the final and beat them quite comfortably by over four lengths. As a result Guy's won the clinker fours, the only event in the whole regatta that wasn't won by the formidable Imperial College.

Crews :

1st VIII Bow: W. Long, 2. J. Axton, 3. R. Andrews, 4. F. Schweitzer, 5. R. Ripon, 6. T. Redpath, 7. H. Clink, Stroke: P. Dobson, Cox: J. Weedy.

1st IV Bow: W. Long, 2. F. Schweitzer, 3. R. Rippon, Stroke: J. Axton, Cox: J. Knowles.

II and IV Bow: R. Andrews, 2. T. Redpath, 3. H. Clink, Stroke: P. Dobson, Cox: J. Weedy.

III and IV Bow: S. Faithfull, 2. D. Richards, 3. F. Chate, Stroke: C. McKenzie, Cox: J. White.

In conclusion, the Club would like to extend its thanks to Mr. Mansie and Mr. Bishop for their support and coaching, and also to Mr. Farmer and Mr. Gumpert for their regular coaching of the first crew during the Tideway Head and the May Bumps.

LADIES' LAWN TENNIS CLUB

2nd Round Inter-Hospitals' Cup

Guy's 1st VI v. St. Thomas's Hospital 1st VI

P. J. E. Cave and D. Laganowska, Won 1, Lost 2.
J. E. Siarey and J. Ransome-Wallis, Won 2, Lost 1.
J. N. Hall and J. Craig, Won 1, Lost 2.
Result : Lost by 5 matches to 4.

Guy's 1st VI v. University College Hospital 1st VI.

K. M. Allsopp and J. E. Scarey, Won 3.
J. N. Hall and A. Thomas, Won 3.
D. Grant and J. Stevenson, Won 2, Lost 1.
Result : Won by 8 matches to 1.

Guy's 2nd XI v.
The Royal Free Hospital 2nd XI

Result : Won by 8 matches to 1.

SAILING CLUB

REGATTA

Once again, the regatta proved an enormous success and clearly illustrated what a strong Sailing Club we have at Guy's. On Monday we were extremely pleased to welcome Sir Heneage and Lady Ogilvie and Mr. Kinder, our new Commodore, who all stayed for the dinner that evening. During the dinner Lady Ogilvie presented her trophy to a member of the winning crew, the helmsman having disappeared to Cowes soon after completing the race. In view of the fact that he was the U.H.S.C. bosun and two of the three leading boats retired with gear failure, we feel that perhaps this was a carefully arranged exit. Congratulations to Robin Heath on winning the trophy for the second year running.

On the second day the fleet sailed to Fambridge, taking a sandwich lunch and enjoying some grand sailing. Our arrangement to borrow three Royal Corinthian O.B's were unfortunately thwarted by a very severe blow over the week-end during which each of them suffered some form of damage. However, Jim Mather's 16 together with two from Rice and Coles helped enormously and everyone was comfortably catered for.

Finally, a very large thank you to the ladies under Jimmy Hall's supervision for looking after our inner feelings and to Robin Heath and his helpers for getting the fleet in such grand shape. We wish for just as good a regatta next year.

Results

Ogilvie Cup (Guy's Hospital S.C.).

1. Robin Heath. Crewed by T. Wild and J. Bradbeer
2. J. J. Mather.
3. M. Overington.

U.H.S.C. Bannister Cup.

1st Race. 1. London 2. Guy's.
2nd Race. 1. Guy's. 2. Bart's.

Three races to come

Helmsman : J. L. L. Williams.
Crew : Peter Bloor.
Gillian Morgan.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on the 1st October, 1959, or as soon as possible thereafter.

Department of Conservative Dental Surgery
Part-time Registrars to attend on 6 or 2 sessions per week.

Department of Dental Prosthetics
Part-time Registrar to attend on 5 sessions per week.

Department of Preventive Dentistry
Part-time Registrar to attend on 5 sessions per week.

Casualty Department
Part-time Registrars to attend on 6 or 5 sessions per week.

Minor Oral Surgery
Part-time Registrar to attend on 3 sessions per week.

Dental Radiology—(Duties to commence on the 16th October).
Part-time Registrars to attend on 3 or 6 sessions per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, Lond on, S.E.1, to whom applications with the names and addresses of **TWO** referees should be sent not later than **Tuesday, 1st September, 1959.**

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for a Research Fellowship in the Department of Experimental Medicine. The appointment will be supported from a grant made by the British Insulin Manufacturers for three years from this Summer, and the Research Fellow will collaborate in studies of diabetes and allied problems; the work will involve clinical and laboratory investigations with opportunities for personal research. Candidates should apply to the Dean, in writing, enclosing a curriculum vitae and a list of published work.

GUY'S HOSPITAL AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited to fill a vacancy for a **Senior Registrar in Diagnostic Radiology** to the Board of Governors of Guy's Hospital and the South-East Metropolitan Regional Hospital Board. The appointment will be made jointly by the bodies concerned and duties will be shared equally between Guy's Hospital and the Bromley Group. The post is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales) with duties commencing as soon as possible until 30th September, 1960.

Forms of application are obtainable from, and should be lodged with the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **3rd September, 1959.**

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing on 1st October, 1959. The unit, which is housed in Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by **31st August, 1959,** to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

GUY'S HOSPITAL DENTAL SCHOOL

PRIZE EXAMINATIONS—JUNE, 1959

Malleson Prize for Dental Students' Research

Prize awarded to A. B. Hewitt

Newland Pedley Medal and Prize for Operative Dentistry

Medal and Prize awarded to D. H. Gibb.

Certificate awarded to A. R. Lynch.

PASS LIST

UNIVERSITY OF OXFORD

2nd B.M.Examination

Trinity Term, 1959

Pharmacology and Principles of Therapeutics

M. B. Siner

Medicine

M. C. O. Bax — P. L. Strong
R. Cook

Midwifery

M. C. O. Bax — P. L. Strong
R. Cook — *H. D. Weintraub

*Has completed the Examination

UNIVERSITY OF LONDON

Special Second Examination for Medical Degrees

June, 1959

B. Donovan — A. N. Nicolaides
M. C. Ellis — K. M. Pagliero
D. J. Eveleigh — Mary R. Ramsay
C. J. Guerrier — R. A. Sells
J. M. S. Hayfron-Benjamin — P. F. Sievers
J. W. Heber — T. S. Spencer
Susan J. Henry — C. H. Wakes Miller
R. Jowett — C. C. Wilmshurst

CONJOINT BOARD

Diploma in Anaesthetics

May, 1959

D. A. Gilchrist — J. S. M. Zorab

Diploma in Public Health

L. G. Couch

Diploma in Psychological Medicine

J. F. Cleobury — L. C. Kreeger
J. A. Greeves — M. L. F. Maine

L.R.C.P., M.R.C.S.

1st Examination

June, 1959

Anatomy

J. Alaghband-Zadeh — R. Jowett
D. J. Boulton — M. G. Lim
D. J. Eveleigh — A. N. Nicolaides
J. M. S. Hayfron-Benjamin — W. M. T. Rees
P. D. Jackson — T. S. Spencer
C. H. Wakes Miller

Physiology

J. Alaghband-Zadeh — M. G. Lim
D. J. Boulton — R. A. Nicholson
D. J. Eveleigh — A. N. Nicolaides
J. M. S. Hayfron-Benjamin — Mary R. Ramsey
Veronica Hodges — W. M. T. Rees
R. Jowett — K. E. Travis

Pharmacology

Betty J. Allen — Micheline M. Maher
Kathleen M. Allsopp — J. F. O. A. I. Mustaffah
J. P. Barker — Rosemary R. Norton
Mavis A. Bonnard — P. M. O'Driscoll
J. F. Hallpike — R. A. Peebles
Judith M. Hawker — Margaret N. R. Pitt
Penelope B. Hewitt — W. E. M. Pryse-Phillips
Anne B. Kenshole — T. Sherwood
Heather S. Kerr — D. L. Stevens
Heather Lachlan — R. J. Worden
Mary B. MacKeith

SOCIETY OF APOTHECARIES OF LONDON

FInal Examination

July, 1959

Surgery

*G. J. M. Erwin

Pathology and Bacteriology, Social and Preventive Medicine and Forensic Medicine

*G. J. M. Erwin

Medicine

*G. J. M. Erwin — Than Tut

Midwifery

*G. J. M. Erwin

*Has completed the examination.

UNIVERSITY OF LONDON

Third (B.D.S.) Examination in Dental Surgery

June, 1959

Pass

A. Blackler
G. F. De Silva
M. J. Dredge
J. L. Humphrey
Jill Joslin
T. A. T. Kolb
G. J. Longson
D. S. Roberts
C. G. M. Williams

Part I

T. L. Alexander
C. Ashworth
Helen E. E. Cash
J. V. Collins
D. C. Cox
I. G. Crossman
R. A. Dendy
G. Dexter
Clare M. Duncan
P. M. Everett
Monica Friedman
G. T. Green
Jennifer A. Hall
P. J. C. Hargraves
Susan E. Harvey
M. R. Heath
N. J. D. Hodges
E. M. Hoskins
E. D. Jones
P. J. Leopard
W. Long
P. W. Mead
M. J. Mitchell
J. Neale
H. N. Parfitt
J. D. O. Parkholm
H. W. Preiskel
R. C. G. Rowe
Patricia M. Ryder
A. J. Simons
Sylvia Tee
Anita R. Thomas
L. A. Usiskin
W. G. Webb
A. M. Wengraf
H. A. Wilén
J. L. Williams
A. J. R. Yates

Part II

D. Bevan-Thomas
K. S. Cowley
Barbara M. Cox
P. R. Dean
Ann R. Feakes
C. S. A. Madgwick
B. D. Pierce
D. B. Rosser
R. J. Thomas
Rosemarie Walsh
M. J. Watts
Elizabeth A. Welch

Second Examination in Dental Surgery

July, 1959

P. Bloor
R. Boggia
N. B. Bown
C. D. Boxall
J. L. Bradbeer
G. T. Cheney
C. Clegg
K. A. Crawford
P. J. Eden
Margaret N. Evans
C. H. Forsyth
I. N. Garside
D. E. Gibbons
L. P. Harrison
A. T. House
Mary M. E. Hunter
M. B. James
R. P. Jenkin
R. P. Juniper
D. R. A. Lloyd-Edwards
D. H. Lynn
Frances A. MacGregor
Elizabeth A. Manley
E. G. Mann
L. R. M. O. Marten
J. W. Mellors
Valerie A. Moody
J. D. R. Nicholas
P. J. Phipps
D. H. Richards
D. A. S. Roberts
E. V. Roberts
J. A. Smith
R. C. Sullivan
J. H. Topham
N. J. Trayfoot
M. R. Trevelyan
A. Tullis
J. T. Weedy
Janet P. Whittam
A. G. Winchester

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

First Examination

July, 1959

Anatomy and Physiology

R. Boggia
P. J. Eden
C. H. Forsyth
R. H. C. Fuller
P. Holst-Roness
A. J. Hooper-Greenhill
M. C. Ribeiro
S. I. M. Robinson
A. M. G. Rounsefell

Special Anatomy and Physiology

R. Boggia
P. J. Eden
C. H. Forsyth
G. D. Hodgson
P. Holst-Roness
A. J. Hooper-Greenhill
H. G. Lewis
S. I. M. Robinson
A. M. G. Rounsefell
J. E. J. Sampson

F.D.S.

Final Examination

L. W. Kay
J. W. Osborn

CHARTERED SOCIETY OF PHYSIOTHERAPY

Pass List May, 1959

FINALS

Barritt, P. R.
M. Beech
J. M. Hogg
Pitt-Payne, S.
Sidwha, B. R.
C. V. Turner
J. E. Wood

INTERMEDIATE

S. Barr
P. R. Barritt
L. A. Dredge
M. M. Gladwyn
J. Guttridge
E. M. Johnson
J. M. Moyle
M. A. Phillips
S. Pitt-Payne
J. A. Russell
E. M. Sayers
B. R. Sidwha*
I. C. G. Simpson
P. D. Smith
J. K. Spurgeon
B. M. Tarrant
F. H. M. Young*

PRELIMINARY

C. J. Boxall
G. A. Clarkson
A. M. Collar
J. H. M. Cox
A. M. Curtis
B. J. Grant
J. Grover
J. M. Hamilton
E. Hodgson
C. Jaegar
F. T. James
G. Lawes
C. A. Mille
P. A. Normal
J. N. Rail
P. M. Ridge
H. J. H. K. Ross
C. E. M. Russell
A. D. Simpson
P. Tofts
C. V. Williams
R. E. Wright

TEACHERS PART II

A. H. King (Mr.)

*denotes credit

NURSING NEWS

The following Nurses have passed the Final State Examination held in June, 1959 :—

Barnes, M.
Bassett, B. A.
Bond, J. A.
Chalk, N. E.
Chamings, P. M.
Davis, K. L.
Donnelly, N. M.
Evans, A. R.
Fuller, V. A.
Fyson, J. E.
Gliddon, M. E.
Horswill, A. C.
James, J. B.
Mallett, F.
Nicholson, A. V.
Oakes, W. A.
Petrick, M. A.
Petty, D. R.
Phipp, A.
Rendell, M. F.
Rogers, G. E.
Rogers, J. M.
Sharp, B. V.
Sinclair, M. R.
Sloley, M. M.
Smith, Y.
Stone, E. J.
White, A. M.
Wood, D. A.
Woodruff, R. C.

Entered :

S/N M. Gates to *New Cross.*
S/M I. Heassey to *Nuffield D.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Allanby, K. D. The Management of Arterial Hypertension. *Med. Pr.*, 1959, **242**, 72.

Bradbeer, J. W. An Unusual Foregut Anomaly. An Extragastric Pouch Communicating with the Pancreatic Duct. *Brit. J. Surg.*, 1959, **46**, 603.

Burn, J. H. and another. The Cause of the Supersensitivity of Smooth Muscle to Noradrenaline after Sympathetic Degeneration. *J. Physiol.* 1959, **147**, 135.

Calne, D. B. Pathways Converging upon Purkinje Cells in the Frog's Cerebellum. *J. Physiol.*, 1959, **146**, 459.

Citron, K. M. Tissue Culture Studies of Tuberculin Hypersensitivity in Man. *Brompton Hosp. Rep.*, 1958, **27**, 13.

Clarkson, Patrick and another. Combined Medical and Surgical Treatment of Obesity. *Proc. R. Soc. Med.*, 1959, **52** 481.

Darke, C. S. and another. Chronic Localized Constrictive Pericarditis. *Brit. J. Surg.*, 1959, **46**, 615.

Davison, A. N. and Wajda Martha. Persistence of Cholesterol—4^{14}C in the Central Nervous System. *Nature*, 1959, **183**, 1606.

Epstein, S. S. The Biochemistry of Antibiotic Sensitivity of the Klebsiellae. *J. clin. Path.*, 1959, **12**, 52.

Epstein, S. S. The Effect of Some Variables on Experimental Klebsiellae Infections in Mice. *J. Hyg., Camb.*, 1959, **57**, 68.

Epstein, S. S. Cancer of the Epiglottis. *Cancer*, 1959, **12**, 246.

Fleming, H. A., Hancock, E. W., Milstein, B. B. and Ross, D. N. Percutaneous Left Ventricular Puncture with Catherization of the Aorta. *Prompton Hosp. Rep.*, 1958, **27**, 125.

Fry, I. Kelsey, Trounce, J. R., and Cook, C. A. G. Vascular Disease in Diabetes Mellitus. *Diabetes*, 1959, **8**, 174.

Harley, H. R. S. The Development and Anomalies of the Aortic Arch and its Branches. *Brit. J. Surg.*, 1959, **46**, 561.

Holmes, J. M. Hexetidine in Vaginal Repair Operations. *Practitioner*, 1959, **182**, 737.

Hopkins, Philip. Menorrhagia in General Practice. *Med. World.*, 1959, **90**, 531.

Lorber, John and another. Long-term Effectiveness of B.C.G. Vaccination of Infants in Close Contact with Infectious Tuberculosis. *Brit. med. J.*, 1959, i, 1430.

McKeown, T. and others. Incidence of Disease and Disability in Elderly Men. *Brit. J. prev. soc. Med.*, 1959, **13**, 51.

McKeown, T. and others. Contributions and Demands of Elderly Men. *Brit. J. prev. soc. Med.*, 1959, **13**, 59.

Mills, C. Peter. Secretory Cysts of the Maxillary Antrum and their Relation to the Development of Antro-choanal Polypi. *J. Laryng.*, 1959, **73**, 324.

Morgan, J. K. and another. A New Dermatological Out-patient Department. *Hospital*, 1959, **56**, 351.

Robin, Ian. Pharyngeal Pouch. *Proc. R. Soc. Med.*, 1959, **52**, 479.

Soothill, John F., Kark, Robert M. and others. Structure and Function in Diabetic Nephropathy *Diabetes*, 1959, **8**, 251.

Symonds, Sir Charles. Excitation and Inhibition in Epilepsy. (Hughlings Jackson Lecture). *Proc. R. Soc. Med.*, 1959, **52**, 395.

Willmore, Leonard. The Role of Speech Therapy in Voice Cases. *J. Laryng.*, 1959, **73**, 104.

Winstanley, D. P. and others. Chemical Changes in Human Bronchial Epithelium and their Relation to Bronchial Cancer. *Nature*, 1959, **183**, 1743.

Woodside, Moya. Mental Health and Psychiatric Services in Finland. Report on an Exchange Visit. *Brit. J. Psychiat. Social Work*, 1959, **5**, 31.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 4s. 3 lines 10s. 6d. Box Numbers 9d. extra.

Ordinary rates 10s. 6d. per line. Box Numbers 1s. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

To Let

HARLEY STREET, lease about 6 years, large second floor front and adjacent small room for office. Services laid on for dental unit. Hand basin (Hot and Cold), electric points, strip lighting on ceiling. Main room, recently redecorated, and small room form part of a suite of a Dental Surgeon. Served by a lift. House Receptionist. Rent £375 p.a., inclusive of heating, lighting and cleaning. Apply Box No. 183.

Required

DENTAL SURGEON (GUY'S) offers every inducement to conscientious practitioner to join 5 surgeried practice on or after September 1st. Unfurnished (or furnished) semi-detached house in best residential area awaiting. Apply Keay, 18, Dudley Street, Grimsby.

For Sale

GUY'S MAN wishes to dispose of—Rathbone polishing lathe, easicut, centrifuge casting machine, Watkin whelder, Ritter compressor and other lab. bits and pieces. Box No. 185.

INDEX 1958 may be obtained free of charge from the *Gazette* Office, or Wills Library—Binding Cases 4s. 6d.

BINDING. Have your *Gazettes* Bound. 10/6 per volume. Apply The Librarian, Wills Library, Guy's Hospital Medical School.

BIRTHS

BRET-DAY.—On 15th June, 1959, at Guy's Hospital, to Jean (née Harding) wife of Robin Bret-Day, M.R.C.S., F.D.S., a son (Timothy), a brother for Philip.

CUMBERBATCH.—On 2nd July, 1959, at 127, Trinity Road, S.W.17, to Jean (née Bridgwater) and John Cumberbatch, M.B., B.S., a daughter (Sarah Ann), a sister for Jane.

LARGE.—On 5th June, 1959, in Durban to Jean (née Scales, S.R.N.), and Tony Large, M.B., B.S., a son (Timothy John), a brother for Stephen and Julie.

OPPE.—On 22nd July, 1959, at Bristol Maternity Hospital, to Margaret (née Butcher, S.R.N.), wife of Thomas E. Oppé, M.R.C.P., a son (James Harry), a brother for Paul, Mark and Felicity.

OSBORN.—On 15th June, 1959, to Monique, L.D.S., and Jeffrey Osborn, B.D.S., a son (Dominic), a brother for Guy.

DEATH

BARKER.—On 30th June, 1959, Frederick Allan Barker, C.I.E., O.B.E., M.D., Lt.-Col. I.M.S. (retired) of Silver Stream, Headbourn, Worthy, Winchester.

EDS. {J.A.W. / D.N.L.}

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1855 29*th August* 1959 *One Shilling*

PASSIM

IT might perhaps be thought that after so many weeks of enforced brevity the 'Passimist', on his return to his more natural verbosity, would have several axes in store for grinding or burning messages to deliver. Not so, however ; nor have we a giant gooseberry or a sea serpent to record. There was, it is true, what the evening papers called 'the monsoon' of last weekend which caused the usual water-splash in the underground; but who can cavil at that: after the heat we were all dying to have a paddle. Of social gossip there is none, and politics of all sorts are out of season. Our comment on the state of the Park was, we find, but an echo of a similar stricture of seventy years ago, although the culprits then were the nurses. We can but offer the following anecdote to eke out our imperfections. Our readers may have noticed the small square boxes behind the ward doors marked "Collection at 4.30". On Sunday two elderly ladies leaving after the visiting hour contributed threepence each.

It is a pleasure to publish in this issue Dr. Kitiyakara's account of the Recovery Ward in operation. Although it is basically an experimental unit, it has already proved its worth in the early months of its activity, and its results are a tribute to the initiative of those who urged its creation, and to the skill and devotion of those whose patients are nursed there and of the nurses who staff the ward.

The tragic air crash near Barcelona has brought sad news to many teaching hospitals and university colleges, and Guy's mourns the loss of Peter Khorram, a clinical medical student who lost his life with his brother. To their family we offer our most sincere condolences. We also feel deeply for our colleagues at the Westminster, who suffered the grievous loss of four girls who would soon have qualified as doctors. To their families and friends we should like to extend our deepest sympathy.

We wish a most cordial *bon voyage* to Sister Ruth Brayford and Sister Kathleen Hopkins, who have left *Queen* and *Luke* wards to spend a year in Canada as Bonsor scholars. They will start at the Montreal General Hospital and work their way across Canada. May we add, though, an even more cordial *à bientôt!*

August is not entirely uneventful. New Guy's House was connected up to the electrical supply last week, in a four hour period without current in the Hospital. The new telephone numbers on the HOP 3500 system will soon be in use. The Spit is being redecorated. The flashing lights are working well. Fleet Street was intrigued by the "bleep" in a patient's hearing aid; the Multitone receivers now in use

have been withdrawn this week for maintenance. Another bit of Guy's fell down last week—a piece of masonry above the Colonnade. More scaffolding marks the spot for posterity. The swimming bath, kindly made available by Matron just recently for mixed bathing every day, has saved the lives of nurses, residents and other poor perspiring souls who are confined to barracks. Perhaps a telephone extension could be installed there while the G.P.O. men are with us; for the recent decision by Home Sister that the College must find other means of recalling residents than that of phoning her office, has brought a ruling that a porter from Front Lodge must go to fetch residents from the swimming bath. This could so easily lead to a dangerous delay that residents on call cannot any longer go swimming with confidence, even thus within the Hospital buildings. A telephone or a flashing light would allow swimming to afford relaxation, instead of an anxious and hasty dip.

AN APPRECIATION

SYBIL MARY EVANS

On the 31st July, 1959 we said au revoir to yet another senior member of the nursing staff when Miss Sybil Evans, Principal of the School of Physiotherapy retired after twenty seven years of loyal and devoted service to Guy's.

Although Miss Evans is so well known in the Physiotherapy world, she commenced her General Training at Guy's on the 7th April, 1922, after which she obtained her Midwifery Training at the Rotunda Hospital before gaining experience with the Lady Minto's Nursing Service in India. In October, 1928, Miss Evans commenced her Physiotherapy Training at Guy's Hospital and subsequently held a staff appointment whilst studying for her Teacher's Diploma. She left in 1931 to hold an appointment at the Liverpool Physical Training College for Girls, as a Teacher of Massage for two years.

In 1933 Miss Evans was appointed, with Miss Cameron, as the Deputy Principal of the Guy's School of Physiotherapy, an appointment which she held until August 1936, when she was appointed to succeed her former Tutor and Principal, Miss Hester Angove, as Sister in Charge of the School of Physiotherapy; from then on she went from strength to strength, working indefatigably to enhance the reputation of the School. She was an able administrator, and a most enthusiastic and well informed teacher, and one who was always anxious to explore new methods of treatment, and to include them in the training programme if they proved to be of benefit to the patient. She also saw that her staff was given opportunities to attend special courses, and to visit places of interest to widen their experience, and she encouraged them to take an active part in the work of the Chartered Society of Physiotherapy. No one could have worked harder or devoted more of their leisure time to further the work of the Society than Miss Evans, as an examiner, as a member of committees, as Chairman of the Education Committee, and finally as Vice Chairman of Council, an honour which gave great pleasure to her colleagues and friends.

In July, 1958, Miss Evans was nominated by the Society to examine the facilities for training for the Federal Government of Nigeria, and to make recommendations for the setting up of a School of Physiotherapy there. No better or more experienced advocate could have been chosen to represent the world concept of physiotherapy abroad, and Miss Evans' report was read with great interest. We now look forward to hearing a report of the International Congress of Physiotherapy in Paris in September, at which Miss Evans will be reading a paper.

Presumably Miss Evans' secret of eternal youth lies in the active life she has always led, for not only is she a great leader of her profession, but she is also a most cultured and gifted woman. Retirement to her means time to enjoy her leisure, to take up her music and languages—yes, even Russian—and to use her creative hands as a sculptor.

Miss Evans, we thank you for all you have contributed to Guy's and to your profession, and we wish you many happy and active years ahead in "Silly Suffolk".

J.A.

THE GUY'S RECOVERY WARD

By K. KITIYAKARA

Thoracic Surgical Unit, Guy's Hospital

An essential aspect of the care of the patient in the immediate post-operative period, and indeed of any seriously ill patient, is the facility for close observation and prompt intervention should a complication arise. Such service can only be adequately rendered in a recovery ward where skilled and continuous vigilance is possible and where adequate resuscitative equipment is immediately at hand. In the following brief article an attempt is made to explain how this has been achieved at Guy's and this is probably best done by a broad discussion of the nursing staff, equipment and type of patient.

The Guy's Recovery Ward is staffed throughout twenty four hours by a nursing team who are both relatively senior and consistent. It is composed of one sister and one staff nurse (both of whom are permanent), two day and three night nurses. At any time, there are never less than two, which is the minimum complement for the efficient functioning of the ward. The more junior nurses, who are on rotation to other varied duties in the Hospital, are never transferred before a period of at least six weeks' stay in the Recovery Ward. Such a relative consistency among the nursing staff is a most important factor in maintaining general efficiency, as there is adequate time for individual and detailed instructions in the care of the patient and also in the whereabouts and use of all the resuscitative equipment. A nurse would thus have a chance to be familiar, on repeated occasions, with at least the general problems attached to patients after certain operations and would be on guard against any complications that may arise. Such ability is of particular importance in a post-operative case after cardio-pulmonary bypass where close observation of blood pressure, pulse, respiration and temperature, as well as a record of blood balance, is made every fifteen minutes for as long as necessary post-operatively. When such a patient reaches the Recovery Ward from the Operating Theatre, information regarding the general condition, state of cerebration, operative details and indeed any particular anxiety, is given to the sister or staff nurse. The person in charge would then carefully explain the information and instructions to the nurses, especially to the one immediately responsible for the case. With this routine any complication is quickly recognized, the medical officer immediately called and delay in treatment is thus cut to the minimum. In the case of a seriously ill patient, or as a routine with a case after bypass, a medical officer would be in the immediate vicinity and would sleep in a special room nearby, whence he could reach the patient in a matter of seconds.

The Recovery Ward is a self-contained unit. It has three special "Nesbitt-Evans" beds and one cot, all arranged as to be under the surveillance of the sister. Apart from the usual equipment of a general ward, it also has that which is indispensable for such emergencies as respiratory distress and cardiac arrest. This includes a

bronchoscopy, tracheostomy and emergency thoracotomy set, a mechanical respirator, as well as a proper operating theatre lamp for adequate lighting. An anaesthetic machine can be quickly brought into the ward from the operating theatre which is on the same floor. The most important thing is that all this equipment can be brought into action in a matter of seconds as it is kept in a state of readiness and its precise whereabouts known to all the staff.

Ample floor space around each bed permits strategic deployment of the various bulky apparatus required especially in a post-bypass case. Free movement of medical and nursing staff is thus unhindered. In the past such equipment, together with the screened-off area around the bed, had inevitably encroached upon the passage way thereby causing a partial obstruction to movement in the general ward.

The privacy offered by the Recovery Ward also enhances its efficiency as the medical and nursing staff can work with the complete assurance that they will not cause disturbance, especially at night. Quite often in the past, observations which were desirable but not absolutely necessary, such as brief and frequent periods of inspection of the patient under adequate lighting, were discouraged for fear of waking up half of the patients in a general ward. In the Recovery Ward, if need be, a strong table lamp can be left on without disturbing other patients as they would also be in the immediate post-operative period and well sedated. Also the sight and sound of equipment such as the sucker, mechanical respirator, pacemaker and oscillograph will not disturb others or cause distress and apprehension among those waiting for similar operations, and this is especially so in the case of children.

The cases admitted into the Recovery Ward can be largely divided into three main groups—emergencies, planned major operations and post anaesthetic or "trolley" cases.

1. **Emergencies :** These include all cases who develop serious complications during both routine major and minor operations and indeed during any investigation or following grave accidents. With the special facilities and services offered by the Recovery Ward, these patients have a better chance of survival. This is illustrated by the case of a woman of 43 (Mrs. A.S.), who was admitted into a medical ward with a diagnosis of mitral stenosis. On examination, apart from a mitral lesion she was found to be in a reasonably fit state. However, during the investigation of left atrial puncture, which was conducted in the Surgical X-ray Department, the patient suddenly had cardiac arrest. This was promptly treated by an emergency thoracotomy, splitting of the tightly stenosed mitral valve, followed by persistent cardiac massage and repeated application of an electrical defibrillator. When the patient was subsequently removed to the Recovery Ward she was in a most critical and desperate state. She was still deeply unconscious with practically unrecordable blood pressure, grossly irregular pulse, unsatisfactory respiration and considerable haemorrhage from the thoracotomy tube. A rigid routine of observation combined with vigorous treatment for hypotension, hyperpyrexia, electrolyte imbalance and cerebral inefficiency following the inevitable period of ischaemia, was instituted and strictly maintained until signs of general improvement occurred three days later.

The patient was transferred to a general ward after a week and has been discharged from the Hospital fit and well.

2. **Cases after planned major operations :** These include those following cardio-pulmonary bypass, closure of atrial septal defect, pulmonary valvotomy under hypothermia, as well as those after any major surgical procedure such as bilateral adrenalectomy and abdomino-perineal resection. It is by no means the rule that all the above cases, save those after bypass, are automatically sent to the Recovery Ward ; the decision is made preoperatively after due consideration by the medical staff. The house officer concerned would contact the sister and "book" a bed for the patient. Various aspects of the problems that may arise post-operatively in that particular case are then discussed. An example of such a planned procedure can be taken from the case of a small girl with tetralogy of Fallot. The operation aimed at in this patient (Miss A.H., age 9) was total correction of all defects during a cardio-pulmonary bypass. As the heart commenced to beat at the end of the satisfactory intracardiac procedure, it was, however, noticed to display a certain degree of heart block, confirmed by electro-cardiogram. Although the blood pressure was quite well maintained at about 100 mm. Hg., the ventricular rate was only 90 per minute, which was abnormally slow for a child of this age group after such a major operation. It was then deemed necessary that the patient should be put on an artificial pacemaker which was set at giving off stimulating impulses at a more physiological rate of 110 per minute. This was also a precaution against a possible development of sudden complete heart block with a Stokes-Adams attack.

When the patient was finally settled in the Recovery Ward in an oxygen tent, she was surrounded by a battery of instruments which, apart from those mentioned earlier, included (1) a Guy's pacemaker with a main lead, carrying the stimulating impulses, connected to one of the three tiny electrodes which had been sewn on to the surface of the heart, (2) an oscillograph continuously recording the electrocardiogram on a screen, from which any arrhythmia could be noticed at once, and (3) a sterile graduated thoracotomy bottle, connected to the mediastinal drain, containing 120 ml. of sodium citrate instead of the usual sterile water. This acted as a reserve to be used in an extreme emergency of sudden shortage of transfused blood in the event of sudden and massive haemorrhage, which may occur in post-operative patients with severe polycythaemia. The patient was put on the usual routine of observation with additional vigilance because of the pacemaker. The nursing staff were fully instructed how to act instantly in the event of dysfunction of the machine, such as increasing the stimulating voltage and switching on to a spare heart lead or battery. The principle and purpose of the whole procedure was also explained. Such thorough instructions were given by both the sister and the medical officer to the nurses who were to look after the patient throughout her stay in the Recovery Ward. In this particular case, the heart resumed its normal rhythm 48 hours post-operatively. She was taken off the pacemaker and close observation was continued and became even more intensified. A few hours after this, the attending nurse noticed the sudden onset of arrhythmia with an abrupt

deterioration of the general condition, and she immediately turned on the pacemaker and sent for the house officer. This emergency happily lasted for only a few minutes but had it not been for the vigilance and prompt action of the nurse, a tragic outcome might well have resulted.

Under the classification of patients after major operations, an important and big group of paediatric cases can be added. The Recovery Ward has proved to be a very valuable asset in such cases. Infants for whom the care and special feeding require expert knowledge and small children who have become familiar and attached to the sister and nurses during a long period of pre-operative investigations and preparations, are best left in their own ward until the last possible moment. The child is brought over for premedication by its own nurse and received into the Recovery Ward by the sister who is by no means a total stranger to it. Earlier acquaintance has been made as the sister, whenever possible, makes a point of going over to the Children's Ward to feed and make friends with any prospective patients. It has been found that this procedure is the most satisfactory and least frightening and traumatic to the child, and premedication is usually quick and smooth. As soon as the immediate post-operative period is over, when the child begins to take notice of, and quite often resents, its surroundings, it is returned to the Paediatric Ward where further post-operative care is continued.

3. **Post anaesthetic or trolley cases :** This group consists mainly of patients from medical wards and after general anaesthetics for investigations such as bronchoscopy and cystoscopy. They are kept in the Recovery Ward until full consciousness is regained and danger of possible respiratory obstruction during the return journey has passed.

As a newly established unit, the Recovery Ward's working relationship to others has to be carefully worked out and synchronised. This is especially so with the general wards, where the heavy and important work of preparing the patient for surgery is carried out. It is by no means the rule that all post-operative patients, even those after some intracardiac procedures, would automatically go to the Recovery Ward. In actual fact, most of the cases are returned from the theatres straight to their wards: thus the nursing staff who have made the preoperative preparations are neither deprived of the essential part of their training nor the satisfaction of having nursed the patient through the entire course of surgical treatment.

Conclusion : Since the Recovery Ward was established on 13th April, 1959, it has received about 125 patients. Of these, 10 belong to the first, 85 to the second and 30 to the last group of the above classification. There is little doubt that a few of the patients would never have survived without its services while in others morbidity has been greatly reduced. To those who have even in the recent past known the moments of great anxiety, frustration and indeed a sense of helplessness while looking after a gravely ill patient in an unsuitable place with inadequate facilities, the Recovery Ward has become a most valuable asset and is much appreciated.

I wish to thank Sir Russell Brock for his encouragement and for his criticism of this brief article. It is indeed at his instigation that the Recovery Ward has been brought into existence.

"BLERIOT CAPERS"

By HAROLD PREISKEL

(PARIS ON 14*s*.)

Our adventure really began in the Prosthetics Laboratory, midst the noises of filing and grinding, the moan of tormented electric motors and cries of anguish that one invariably associates with the construction of dentures. Paul Older and I were going to enter the *Daily Mail* London-Paris Air Race but we were not very sure how to go about it.

Manufacturers of seaplanes, jet aircraft and helicopters were all very polite but none could be found willing to provide the necessary transport free. Ours was obviously going to be an economy run.

After much ado Paul managed to persuade the very generous managing director of Lambretta's to provide us with two scooters and expert riders in London and Paris. Meanwhile, I had talked a kind friend into lending me his 25-year-old Miles Hawk Major, assuring him that I stood a sporting chance of finding my way to Paris and bringing him back his aeroplane in one piece. The problem

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Messrs. Preiskel and Older with the "Dairy Felta" at Marble Arch.

of finding a suitable aerodrome near London was solved by a girl friend who somehow arranged for us to use Croydon. The French authorities, however, were not at all keen on a 25-year-old sports plane infringing their air-space especially as it was equipped with no radio or navigational aids apart from a compass and optimism. As for landing, "Mon Dieu, c'est impossible"! In a torrent of French the commandant of the Paris Heliport hastily withdrew his permission to land when he discovered that (a) we carried no radio, (b) we were not a helicopter anyway. Finally, however, the commandant of Toussous Le Noble, an aerodrome near Versailles, was persuaded that we were a safe proposition and, as we thought, arrangements were nearly complete.

We were to begin our run in a pram and finish up on roller skates just to demonstrate that we were students working on a very tight budget. Our plan was thus: start in pram, scooter to Balham, M.G. to Croydon, Hawk to Toussous, scooter to Paris, finish on roller skates.

The 'Dairy Felta' as our modified pram came to be known was entirely Paul's creation. In her final state she was just over 15 ft. long, about 6 ft. wide and as stable as an overloaded hay waggon in a hurricane. As for the roller skates

we tripped, stumbled and sprawled our way around Streatham, colliding with odd lamp-posts, pedestrians, traffic-lights and cars, clinging to startled passers-by and terrorizing the local population. Even Paul, who had gaily assured me that this art would take just 10 minutes to master, was forced to admit a partial defeat. We decided to pay Paris a visit on Friday, 17th July, in order to make a note of useful landmarks and find out if my navigation was up to the strain. We managed to get hopelessly lost over the featureless countryside of Northern France but eventually found Toussous—where we got the shock of our lives. Instead of the orderly and efficient landing code practised in England, we found ourselves in the midst of a crowd of waltzing helicopters, jets, gliders and even airliners all tied up in a mad scramble to land at their various aerodromes. There were 5 aerodromes within 4 miles and the chaos was fantastic. Apart from nearly ramming a helicopter, landing at the wrong aerodrome, and narrowly winning a dog-fight in the landing race, our arrival at Toussous was almost uneventful, the only untoward occurance (by French standards) being the antics of a helicopter pilot who patiently waited for our wheels to touch ground before performing a lightning take-off. Small wonder that I made one of the worst landings of my flying career and nearly finished up in the restaurant, where the French director of Lambretta's was awaiting us with a splendid lunch. Two very tired and almost sober students arrived back at Croydon that evening after a long flight home which had not been simplified by an absolutely hopeless French met. report.

On Sunday, 19th June, I was to make the first run with Hilary, a lady friend, as passenger. This was by way of a reward for the great help she had given both Paul and myself. We made a racing start in the 'Dairy Felta'—a running jump and we were both seated on the back of TV 175's ridden by Lambretta's chief road tester and their head mechanic.

I shall never forget those first few terrifying minutes as we cornered at impossible speeds, silencers scraping the ground. A long way behind I could just see my uncle's A.C.—Bristol gallantly baulking half the police patrol cars in London. I wondered if we should ever reach Croydon—but not for long. I vividly remember falling clear as, with an appalling crash the machine rolled over in a shower of sparks and dust—then I hit my head on a car. I next remember sitting in the road with a ripped flying suit surveying the wreckage of a Lambretta lying against the parked car with which we had collided, while out of the settling dust emerged my rider, almost unscathed. With the Lambretta perished our roller skates. The next stage of the journey was completed in the A.C., which had managed to elude its unwilling police escort and we eventually arrived at Croydon 17 minutes after the start, thanks to some fantastic driving by Paul. The rest of our journey went comparatively smoothly and we arrived in Paris 2 hours 44 minutes from Marble Arch.

Tired and happy as I was to reach Croydon that evening the thought of the 'serious' attempt with Paul the next day made me tremble.

The fame of the blue and yellow 'Dairy Felta' had grown and it was with considerable difficulty that we were able to negotiate the throng of well-meaning photographers and TV newsreel men around the start.

5—4—3—2—1 Go ! We shot off the starting line, Paul gallantly pushing behind while I clung to my precarious position in the 'cockpit.' Out of the corner of my eyes I saw the Lambretta boys come alongside—counted 4 and jumped. This time our police escort were wise to our tactics and managed to stay with us in spite of hand-signals we made (not found in the Highway Code) which clearly indicated that their presence was not appreciated. We finally lost them in a maze of side streets near Sloane Square. The began our hair-raising 'wall of death' act between buses, lorries, cars and cyclists. We melted through non-existent gaps but our riders' brilliance was lost on me—I was petrified. Every traffic light was against us but, at last, we picked up the M.G. at Balham. Paul was in a hurry, fighting desparately to make up for lost time. Never will I forget the face of the milkman who thought we were going to stop, the face of the driver who tried to turn in our path . . . and changed his mind, or the unfortunate learner who was overtaken by an M.G. travelling sideways, which then shot across his bows and disappeared into a side-turning in a cloud of dust.

Alas ! An ominous knocking became audible above the squeal of the tyres. With a final cough we slid broadside into the kerb with a seized engine. After an age, the Lambretta boys, who were following us 'just in case' picked us up and took us to Croydon. Our schedule for level crossings and traffic-lights had been wrecked and the journey was interminable.

It was a very relieved pilot who sank into the controls of the Hawk and set course for Eastbourne. 20 minutes later Beachy Head turned up on course, then 80 miles of sea. Minutes later we were lost in a wondrous nebulous maw, out of sight of shore. 3,000 ft. below us a ship slowly chugged its way to its unknown destination. "Dirty British steamer, with a coal black . . ." Engine Failure. I shot back to reality but the instruments were reading normal. The rev-counter mocked me and said, "Silly Ass"—then I relaxed. I was enjoying myself thoroughly when Dieppe turned up on course—this time the navigation was perfect.

Apart from an emergency dive (which nearly threw Paul out of the aircraft) avoiding an over-enthusiastic competing Hunter—the flight to Paris went according to plan. Where is Toussous ? We just couldn't see the aerodrome—then it dawned. We were directly over it: to fly another circuit would lose valuable time. "Well, this is France" I muttered as I shoved the Hawk on its nose and plummeted down onto the aerodrome. A tight turn, flaps down, and we finished our landing run in the aircraft park, much to the consternation of onlookers. 10 seconds later found us breathless in the custom shed—it was empty. The gentleman who eventually arrived had never heard of the race and insisted we filled up special forms in duplicate. 1 minute later he stamped them and we sprinted for the machines. Unknown to our friend, the Customs official, he had just authorized the landing in France of a Chinese Sausage Skin Whisker Remover and a Japanese Sanitary Engineer. Now we were whisked off to Paris. These machines were only 125 c.c. but the riders had entered into the spirit of the race and jumped every red light we came to. Irate screaming drivers demanded justice, but our riders just smiled sweetly and pointed to the competitor's label on my crash-helmet. We shot a final red light, scattered a last group of pedestrians and slid into the Paris control point. Our time ? Just one second less than the previous day. The cost ? The fuel for the aircraft, scooters and car, together with the landing fee came to under 15*s*. each !

We were certainly the most economical entry and we were thrilled to beat every other student entry together with many competitors using far more elaborate means and fast aircraft. We contentedly sipped a lemonade, having accomplished all we had hoped for, and enjoyed every moment to the utmost.

TO THE WEST INDIES IN "THEODORA"—VII.

By COLIN SMITH

June 7th. The early morning sun had no warmth in it, so we wrapped up well and brewed some hot tea to sustain us. Away on the starboard bow there were some vertical blue slots in the haze; as we approached, these grew larger and more clearly defined. We were seeing Manhattan Island, and our thoughts were following varied and changing courses. Ann wanted to go back to her bunk, to be called when there was something interesting to see; Chris was looking upon them as articles of architectural beauty, and feeling that it was the most splendid thing in the world to be sailing your own yacht up New York harbour. At first I was surprised at how clean they were and later how dirty, and later still how much nicer that made them, in this land of hygienic cellophane wrappers, and homogenised, vitaminised milk.

The harbour was quiet, with only a few tugs bustling about and the huge Staten Island ferry gliding inexorably to and fro. We sailed past the Statue of Liberty (surprisingly bright green), into the East River, and tied up alongside one of the commercial quays on the Southern tip of the Island, with the chains and cables of the Brooklyn Bridge a quarter of a mile further on. The only disadvantages of this situation were the dirt and the heavy washes from passing tugs; some friends on Governor's Island lent us their house for doing the laundry and taking baths, entertaining us royally whenever they saw us.

During the fortnight that we stayed in New York most of the crew stayed ashore, but the two girls and I stayed on the boat or Governor's Island and explored the City from there. We were determined to find the spirit of New York, having first made the assumption that there was one. Putting on as Beatniky clothes as we could manage we tramped the streets by the fish market, through Chinatown, the Bowery, out into Fourth Avenue and across to Washington Square and

Greenwich Village; we listened to long-haired young men reading their own compositions in the Gaslight, Mc Dougall street; we rattled hither and thither on the screaming subway, visited the Natural History Museum and admired the wonderful dioramas (or is it dioramata ?), browsed in bookshops, saw David Niven in "Ask Any Girl" at the Radio City, stared at the amazing lights of Broadway and the extraordinary way in which steam issued from every one of the numerous cracks and crannies of the streets.

As a result of our wanderings, we came to the conclusion that the Spirit lurked somewhere in or around the second-hand bookshops of Fourth Avenue, notably the Pageant bookshop, hard by Eighth Street. Here we found a deep, genuine affection for this strange, cosmopolitan city, especially the seedier parts, and a willingness to tell us about them. It was a pity the books were such a terrible price, but so was everything else. The only thing we did not do was to see the top of the Empire State Building, which by a sustained effort we managed to avoid.

One of the high spots of our visit was attending a meeting of The Church of Divine Metaphysics. This remarkable organization is housed in a minute apartment amongst the cinemas of Broadway and has apparently about a dozen members. At one end of the room is a broad pulpit with the mystical letters "OM" inscribed on it; this is flanked by standard lamps that can be turned down to a blue glow. Little Buddhas contemplate their navels round about, and pictures of the enlightened soul adorn the walls. The flame of enlightenment burns on his brow, and he is surrounded by concentric rings of Divine radiance.

The lights were turned low and the service begins. In a dry voice with a pronounced Indian accent, our cadaverous host exhorted us to meditate, and led us through the successive stages and planes towards absorption into One and All Knowledge. At intervals we broke into a chant: "Ommmmmm, Ommmmmm, Ommmmmm". From the North, from the East, from the South, from the West, from above, from below peace comes to me, power comes to me, joy comes to me, life comes to me, love comes to me, riches come to me, Christ comes to me, my own comes to me . . . . ."

"Now we are passing deeper in silence and time; the sixth sense and the third eye are opening as we come to the psychic, the astral, the spiritual plane (whoever is taking notes would be much better advised to tune in to the astral plane with us). Shaaaaaanti, Shaaaaaanti, Shaaaaaanti . . . . . ."

When we eventually arrived at the astral plane the hat was handed round and rustling noises followed, and occasional chinking noises as we contributed. The lights were turned up again, and the first speaker arose and addressed us in quite a scholarly manner on Zen Buddhism. He was followed by a strange, exophthalmic man who elected to tell us how to diet. He told us that we should confine ourselves to foods with high vibrations and distilled water. He had himself spent three months on such a diet in 1939, and found that his sense of smell became so acute that he could detect what organs were diseased in the people he met, and whether they had changed their underclothes the night before or not. He eventually gave this diet up as so many of his friends smelt of death. The trouble with America today is that too many people eat spices, which are carried in the bloodstream and stimulate the sex glands. This is not altogether a bad thing as they liberate hormones which travel up to the brain and cause electric currents to flow between the pituitary and pineal glands; this in turn causes the third eye to open and enables you to foresee danger and financial disaster.

July, 19th. We are now a long way from New York having sailed by easy stages up to St. John, New Brunswick, in the Bay of Findy. The coast of Maine and New Brunswick is of fir covered granite, deeply sculptured into a system of islands and estuaries which are in Summer almost perpetually shrouded in fog. The last 150 miles have been particularly trying; forty-eight hours with visability not above three boats lengths in an area with strong tides and many rocks. The winds have been for the most part light, and there has been nothing except greyness, dampness and an occasional fog-horn.

Of several anxious moments in this period, but the most dramatic was three days ago, when we were just approaching the northern tip of Grand Manan Island in the Bay of Fundy. The wind began to increase at about supper time, and *Theodora* was becoming difficult to steer with the jackyard topsail up and the wind on the quarter. We were just stuffing ourselves with the welcome supper (for the weather was very cold) and the great diaphone was becoming louder and louder as we approached the end of the island, when Chris yelled down for us to lower the topsail. As we ran to the halyards, John brought her round into

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the wind and she heeled over on to her beam ends. I scampered up the inside of the lee rigging until she righted herself. The topsail came down, objecting strongly, and we were just getting it under control when the look-out cried "Land ahead!"

The moon had torn a gap in the fog, and was outlining a three hundred foot granite cliff, about three hundred yards away, We bore away sharply and lowered the big jib, then hove to under the lee of the cliff and took three rolls in the mainsail as the diaphone thundered in our ears. It was an exhilarating few minutes and enough to make us supremely grateful for good navigation and seamanship. We reflected on this as we retrieved what we could of our suppers from the saloon floor.

* * * *

In six weeks some of us may be earning our livings again. We have to sail round to Halifax, then Cape Breton Island, and then in the first few days of August, set sail for home (dodging the icebergs, which are numerous this year); If there is time we may stay a day or two in the Scilly Isles, before returning to Southampton and the world of missiles and medicine.

REVIEWS

Surgical Technique. By STEPHEN POWER, M.S., F.R.C.S. Second Edition. William Heinemann Ltd. *Price* 40*s.*

This is a most useful book for house surgeons. Not only does it give sound advice on the basic surgical technique but explains the post-operative management. Excellent advice is given on the care of wounds and all types of drainage, and the chapters on "Position on the Table" and "The Assistant" should be read by all house surgeons.

This second edition has been thoroughly revised and there are many additions. The book is well illustrated and except for the photographs of instruments, all the illustrations are original.

R.G.B.

Introduction to Surgery for Dental Students. By R. P. JEPSON, F.R.C.S. and B. N. CATCHPOLE, F.R.C.S. English Universities Press Ltd. *Price* 21*s.*

This book can be recommended to the dental student. It is clear and concise and deals mainly with the general surgery of the head and neck. The chapters dealing with basic principles are excellent and the authors give sound advice on the use of antibiotics. The illustrations are of a high standard and the book is very reasonably priced.

R.G.B.

Outline of Fractures. By JOHN CRAWFORD ADAMS, M.D.(London), F.R.C.S. (England). 2nd Edition. Edinburgh and London: E. &. S. Livingstone, Ltd. 1959. Pp. viii—268; illustrated. *Price* 27*s.* 6*d.*

The first edition of this book was well received when it was first published in June, 1957. Now, less than two years after its first publication, a second edition has appeared. The appearance so soon is a proof of this book's popularity. Apart from the section on the spine there are no major alterations. The whole of the text has been thoroughly revised in the light of helpful criticisms received by the author following the first edition. The number of pages has been slightly increased, but much of this increase has been accounted for by the inclusion of additional illustrations. There are no details of manipulative or operative techniques, for the book is designed and intended primarily for the undergraduate student and general practitioner, and not for the recently qualified casualty officer or house surgeon. The book is excellent and it can be recommended highly to all students who wish to be familiar with the treatment of fractures for their final qualifying examination.

G.A.M.

Anatomy of the Human Body. By R. D. LOCKHART, G. F. HAMILTON, and F. W. FYFE. Faber and Faber Limited. 1959, pp. 697. *Price* 105*s.*

This new textbook by the Professor of Anatomy of Aberdeen University and two of his lecturers has long been awaited and with considerable eagerness, because of the rumours of certain novel features which have preceded its appearance. Even a cursory perusal shows that these rumours are at least in part fulfilled. The expressed policy of the book is to provide a text for medical students, though doubtless, as hoped in the authors' preface, others studying anatomy will find it useful. In this regard great attempts have been made to provide a brief text, with much emphasis on visual instruction. The number of illustrations is unusually high; there are 965 in 674 pages of text (the Bibliography and Index occupy the remaining 23 pages). Many of these figures occupy a full page, and in total almost as much area is allotted to illustrations as to text.

While it is almost impossible to write purely structural descriptions which are not a slight burden to read (a burden which must be to some extent accepted), the style in this text is on the whole refreshingly different from the stilted and stereotyped modes which render so many anatomical works so exceptionally stodgy and soporific. In many passages it is easy to detect the delightfully pungent and picturesque utterance of the senior author. There can be no doubt that the student, and his elders, will welcome such departure from the impersonal and dispassionate style of the average fare placed before him. Despite this volume's undoubted improvement in this regard, one may still question whether its avowed policy of briefness could not have been furthered by some reductions in topographical detail. When one compares the ultimate importance to the training medico of, say, the sub-divisions of the lungs and the attachment of structures to the hyoid bone. Even if textbooks of anatomy are not to accept some reduction in volume, could not some internal redistribution of the space available lead to happier results in developing the interest and therefore the understanding of the embryo doctor in the human body? One notes, for example, that in this much less formal text one paragraph only is given to considerations of the functions of the whole skull, whereas at least six times as much space goes to the admittedly succinct description of the parietal bone alone. Since it is quite foreign to current physiological policy even to give a thought in passing to such gross but medically important subjects, a student's whole concept of such things will rest upon what he learns or does not hear in the department of anatomy.

The section on muscles, as one would expect from Professor Lockhart's interests, is particularly good; it is embellished by a number of the illustrations of surface contours from his own *Living Anatomy*. The accounts of individual and collective actions of muscles are excellent and most lucid, but some would perhaps like to see a pinch of modern "heresy" added to the classical views. Selection of this section for comment does not imply that other "systems" are not treated with the same thoroughness. The plan of attack is indeed systematic, but with some agreeable departures. For example, the anatomy of bones and joints is intermingled; and this treatment is in the writer's view superior in effect to the strict divorce of these two topics in the older classics and their confusion with musculature in one more recent anatomical text. One wonders, however, why the special senses should nevertheless be separated into a major section separate from the nervous system. However, this is perhaps a mere quibble.

The standard of illustration is a little variable; some are no more than the conventional diagrams, as found in most general texts, but here executed rather less well than in other books. A few contain slight errors, and probably others will be gradually detected and excised; this is the usual teething trouble of any new book. This aside, it is a pleasure to record warm praise of the wealth of original figures which enrich the book. Perhaps especially in the section on the nervous system is this true; no recent book for students has contained such a profusion of neurological diagrams. It is possible that some attempt to show too much and that the large numbers of their captions will prove a little confusing and discouraging to many, a common fault of anatomical illustration. Nevertheless, one must be allowed to expect some effort from the student reader, even in anatomy, which cannot be effortlessly injected into the most subservient mind by any series of diagrams, however simple. In effect—and this is true to a lesser extent of other parts of the work—the diagrams provided contain almost all the anatomical fact and lore to be expected of medical students, and many teachers will agree that such visual instruction is to be preferred. However much we are obliged to use words alone in teaching, learning, and revising anatomy, there is only one royal road to true familarity with

human structure, and that is a visual exercise. The new Aberdeen textbook shows keen awareness of this, and as a background guide to the student's personal efforts to acquire his own working knowledge of the body in the dissecting room, it will prove, in this reviewer's opinion, a valuable and popular text. It may be added that it is a handsomely produced book, comparing well in regard to its price with its obvious competitors.

R.W.

Medical Laboratory Investigations, Their Use and Interpretation. By IAN DAWSON, M.A., M.D., M.R.C.P. and WILLIAM GOLDIE, M.A., M.B., F.R.C.P., F.R.C.P.E. 1st Edition. Butterworth and Co. (Publishers) Ltd., 1958. 260 pp. *Price* 35*s*.

In their introduction to this book the authors say that it is intended for use by "the clinician, the family doctor, the registrar and house physician or surgeon and the medical student". The text is divided into seven parts treating of the laboratory specimen, morbid anatomy and histology, chemical pathology, bacteriology and immunology, hæmatology, blood transfusion and miscellaneous investigations. It is not a technical manual and contains brief accounts of commonly used diagnostic laboratory investigations, only giving the clinical management of them where this is called for (as in basal metabolic rate estimations, urea clearance tests or Kepler tests for example). There follow accounts of the different results which may be expected with the inferences to be drawn from them. The sections on the laboratory specimen (how many clinical pathologists have preached this sermon until they are hoarse and in despair ?), bacteriology and blood transfusion are as good as the somewhat sketchy treatment they receive will permit. The section on hæmatology is adequate but that on chemical pathology is disappointing. There is presumably a misprint on p. 54, line 21, where 20 g. of a 1:3 mixture of sodium fluoride and potassium oxalate is recommended as an anticoagulant for 3 ml. blood taken for blood sugar estimation; it is a pity that the spelling of pregnanediol is not in line with modern usage. A number of tables are given, including the normal ranges of most of the constituents of blood, urine and fæces. In the absence of any account of underlying pathological processes this book is not instructive nor conducive to intelligent use of the laboratory. It may be helpful to general practitioners and pre-clinical students, but the latter should have it confiscated after their first bewildering three months on the wards.

W.H.H.M.

Practical Clinical Biochemistry. By H. VARLEY, M.Sc., F.R.I.C. 2nd Edition. William Heinemann Medical Books Ltd., 1958. 635 pp. *Price* 42*s*.

When the first edition of this book was published it filled a long-felt need for a practical handbook of clinical chemical procedure and test interpretation. The second edition includes much recent work, especially in the field of endocrinology and enzymes, which is of diagnostic value and the techniques of which are within the scope of clinical chemistry departments. This being said one wonders why detailed descriptions should be given of techniques which are either out of date such as Maclean's method of blood sugar estimation, and the urease-æration method of estimating blood ureas, or which experience has shown to give variable results, such as the precipitation of globulins with methanol at low temperature. It is hard also to account for the inclusion of techniques for estimation of urinary pregnanediol excretion in view of its limited clinical application (incidentally H. S. Guterman's name is spelt with one "n"), and of urinary œstrogen output which would be more properly reserved to specialist endocrine or research laboratories. Nevertheless these are minor criticisms and if there be any error it is in the right direction. The book is a most valuable practical manual, clearly written with precise technical instructions and useful notes on each method described. The sections on interpretation are brief, helpful and to the point and each chapter concludes with a very comprehensive bibliography of its subject matter which provides an excellent guide to future reading. It is a book which should find a place in every clinical chemistry department, where it will unquestionably be in frequent use.

W.H.H.M.

Aids to Bacteriology for Nurses. By BOCOCK & ARMSTRONG. Baillière, Tindall & Cox. *Price* 10*s.* 6*d.*

This is the latest addition to the Nurses' Aids Series. It includes, among others, chapters on Infection, Immunity, Bacteriology applied to nursing procedures and a valuable guide to common organisms, a sort of "rogues gallery" of pathogenic bacteria with their harmless cousins listed alongside. Some portion of the book will be more valuable to senior nurses for reference purposes and the section on practical demonstrations will be helpful to those teaching bacteriology. It would have been an advantage if the section on immunity had included some more information about vaccination and the picture of the autoclave is of a type unfamiliar to nurses. However, the book should prove a useful addition to the nurses' library.

B.B.W.

Notes on Injections for Nurses. By T. H. WHITE, M.B., Ch.B., D.T.M. & H. John Wright & Sons Ltd. *Price* 2*s.* 6*d.*

This book undoubtedly fills a need for the purpose for which it was written. That is, as a guide to nurses and hospital assistants in Kenya. It would appear that giving intravenous injections is a nurse's responsibility, but since this is not so in this country it would have been of more value if greater detail had been given of the procedure for giving intramuscular injections and less about intravenous injections. The recommended times and some methods of sterilization differ from those approved by the Medical Research Council. In view of these facts it cannot be recommended as being of true value to nurses in this country.

B.B.W.

A Handbook of Obstetrics and Gynaecology for Nurses. By D. G. WILSON CLYNE, F.R.C.S.(Edin.), M.R.C.O.G. John Wright and Sons Ltd., Bristol. Pp. 208 7¼ x 3¼ ins., 53 illustrations. *Price* 15*s.*

This book covers the syllabus of the General Nursing Council in these subjects. There are chapters on the normal structure and function of the female generative organs, and also on all of the most important gynæcological conditions and operations, illustrated by simple diagrams. There is a good chapter on gynæcological procedures performed in the ward and out-patient department, illustrated by photographs of the necessary equipment required.

The chapters on obstetrics give all the essentials required. The old classification of placenta prævia is used. The section on the pre-eclamptic state could, perhaps, distinguish more clearly between the common mild cases of pre-eclamptic toxæmia and the severe cases of imminent eclampsia, and not all would agree with the dose of Vitamin K suggested for the asphyxiated infant.

These are only minor criticisms of a book whose text is well tabulated. It should prove useful to nurses in training.

A.S.F.B.

Lecture Notes on Midwifery. By T. F. REDMAN, F.R.C.S.(Edin.), M.R.C.O.G. Pp. 220. John Wright & Sons Ltd. Bristol. *Price* 12*s.* 6*d.*

This book is intended to help those who have to deliver lectures to pupil midwives and covers the syllabus in Obstetrics for Part I of the C.M.B. examination. It does not include lectures on Anæsthetics and Pædiatrics.

The lecture notes are of necessity dogmatic in character but on the whole they follow accepted obstetric practice in this country very well.

Apart from its value to busy lecturers who have no time to prepare their own notes, it would be a useful revision book for those pupil midwives and medical students about to sit their examination in obstetrics.

A.S.F.B.

Baillière's Midwives Dictionary. By VERA DA CRUZ, S.R.N., S.C.M., M.T.D. Baillière, Tindall and Cox. 3rd Edition. *Price* 6*s.* 6*d.*

The Midwives Dictionary has been revised giving many useful summaries. The illustrations have been increased and although small, are very clear.

The Appendices have been brought up-to-date, particularly with regard to Drugs, Welfare Benefits and Vital Statistics. Those on Hæmorrhage, both Ante and Post-Partum, have been improved by complete re-arrangement, and that on Ante-Natal Care brought up-to-date.

The Pupil Midwife will find this book a valuable addition to her bookshelf but it cannot, however, be stressed too much that this book must only be used as a quick reference and not as a source of detailed information.

J.Mc.N.

HOSPITAL INFORMATION

SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD AND GUY'S HOSPITAL

Applications are invited for an appointment as wholetime **Registrar in Anæsthetics** to fill a vacancy in the approved trainee establishment at the Bermondsey & Southwark Group of hospitals for duties at New Cross General Hospital, Avonley Road, S.E.13, with the Guy's Hospital units from 1st November, 1959, until 30th September, 1960. The holder will be eligible for re-appointment for a period of one year from 1st October, 1960, with duties at Guy's Hospital. The appointment will be in accordance with the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales).

Forms of application are obtainable from, and should be lodged with the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **22nd September, 1959.**

GUY'S HOSPITAL
JUNIOR STAFF APPOINTMENTS

The following appointments and reappointments have been made by the Board of Governors for the period commencing 1st October, 1969.

WHOLE TIME APPOINTMENTS

MEDICAL

Medical Registrars
Dr. J. D. Williams
Dr. M. H. Lessof
Dr. I. E. Evans
Dr. D. A. F. McGill
Dr. W. D. Hayley
Dr. J. R. Rees

Junior Medical Registrars
Dr. A. Bowyer
Dr. P. M. J. O'Brien
Dr. J. A. P. Trafford

Surgical Registrars
Mr. A. W. R. Williamson
Mr. R. G. Beard
Mr. N. H. Porter
Mr. P. S. Boulter
Mr. J. C. Gazet

Obstetrics Registrars
Mr. P. J. Dwyer
Mr. A. S. F. Butcher
Mr. G. L. S. Rankin

Genito-Urinary Registrar
Mr. F. G. Ellis

Registrar in Throat and Ear Department
Mr. D. F. N. Harrison

Ear, Nose and Throat Registrars
Mr. D. F. N. Harrison
Mr. O. H. Shaheen

Thoracic Surgical Registrars
Mr. D. G. Taylor
Mr. R. I. Lindfield

Registrars in Radiotherapy Department
Dr. K. D. Reddy
Miss P. A. Ridge

Registrars in Diagnostic X-ray Department
Dr. P. E. Purcell
Dr. I. H. Kerr
Dr. J. A. K. Meikle

Registrars in Department of Physical Medicine
Dr. J. B. Morrison
Dr. P. H. Kendall
Dr. G. Holden

Registrars in Department of Anaesthetics
Dr. C. Bishop
Dr. M. W. Potts
Dr. G. C. Fisk
Dr. S. S. Barker (New Cross Hospital)

Registrars in Department of Neurology
Dr. F. G. Campbell
Dr. G. Preswick

Registrars in Department of Clinical Pathology
Dr. R. G. Huntsman
Dr. P. O'Gorman
Dr. P. D. Griffiths
Dr. J. Liddell
Dr. J. C. McAlpine
Dr. B. West (Miss)

Registrars in the Orthopaedic Department
Mr. B. H. Brock
Mr. G. A. Marin
Mr. J. R. Briggs

Registrars in Department of Child Health
Dr. P. F. Benson
Dr. J. W. Scopes

Registrar in Dermatological Department
Dr. A. Maguire (Miss)

Registrar in Department of Psychological Medicine
Dr. H. M. Park
Dr. C. P. B. Brook

Senior Registrar in Department of Psychological Medicine, Child Guidance
Dr. P. Mason

Registrars in Department of Psychological Medicine
Dr. K. Loucas
Dr. B. M Groden
Dr. M. H. De Groot

Registrar in B.M.R. Endocrine and Radio-isotopes Departments
Dr. J. H. Briggs

PART TIME APPOINTMENTS

Registrars in Ophthalmic Department
Mr. S. S. F. Munro
Mr. P. H. N. Matthews
Mr. C. M. Ruben

Registrar in Dermatological Department
Dr. A. W. McKenzie

Clinical Assistant in V.D. Department
Dr. E. de C. Kite

DENTAL
PART-TIME APPOINTMENTS

Assistants to the Visiting Dental Surgeons
Mr. R. C. Bret-Day
Mr. E. McK. Sycamore

Registrar in Minor Oral Surgery
Mr. J. N. James

Registrars in Casualty Department
Vacant—two posts

Registrars in Department of Preventive Dentistry
Mr. J. Metcalf
Mr. S. J. Zamet

Dental Officer to Salomons Centre
Mr. G. S Loader

Staff Dental Officer
Mr. D. R. Whittington

Registrars in Dental Department for Children
Mr. G. A. Kerr
Mr. R. W. Willcocks
Mr. H. D. A. Hope

Registrars in Department of Dental Prosthetics
Miss J. Elliott
Mr. R. B. Johns
Mr. C. J. Lambert
Mr. E. E. Silcock

Registrars in Department of Conservative Dental Surgery
Mr. P. Ayling
Mr. J. E. Cardwell
Mr. D. London
Mr. A. N. Greenwood
Mr. R. F. King
Miss B. M. Langrish
Mr. W. C. McLachlan
Miss I. M. Thompson
Mr. S. J. Lubbock

GUY'S HOSPITAL
HOUSE APPOINTMENTS

1ST SEPTEMBER, 1959

Assistant House Surgeons

To :

Mr. Blackburn
Mr. Lawrie
Mr. D. Denis-Smith
Mr. B. S. Meldrum

Mr. Glover — Mr. A. H. Abrahams
Mr. Brain — Miss M. R. H. Webb
Appointed for six months, the first 3 *as A.H.S.*

Assistant House Physicians
To :
Dr. Douthwaite, Dr. Baker and, Dr. Joiner — Mr. C. J. Hunter-Craig
Appointed for six months, the first 3 *as A.H.P.*
Dr. Boland, Dr. Houston and, Professor Butterfield (Male Patients) — Mr. J. Wolfle
3 *months*
Dr. Mann, Dr. Kauntze and, Professor Butterfield (Female Patients) — Mr. J. J. Maher
Appointed for six months, the first 3 *as A.H.P.*
Dr. Hardwick, Dr. MacLean, Dr. Bishop, Dr. Deuchar and, D.X.T. — Mr. J. M. Dawson
Appointed for six months, the first 3 *as A.H.P.*

Casualty Officers
Miss A. P. John, Mr. B. W. Jones, Mr. M. D. Sanders, Mr. J. A. Wall, Mr. P. T. Whitehead — 3 *months*

House Surgeons
To :
Mr. Massie — Mr. J C. Bull
6 *months*
Mr. Eckhoff — Mr. R. G. Hornung
3 *months*
Mr. Atkins — Mr. K. I. Mackenzie
6 *months*
Mr. Wass — Mr. R. C. L. Feneley
3 *months*

House Physicians
To :
Dr. Douthwaite, Dr. Baker and, Dr. Joiner — Mr. J. S. Cameron
6 *months*
Dr. Boland, Dr. Houston and, Professor Butterfield (Male Patients) — Miss J. M. Kubale
6 *months*
Dr. Mann, Dr. Kauntze and, Professor Butterfield (Female Patients) — Mr. H. Hunt
3 *months*
Dr. Hardwick, Dr. MacLean, Dr. Bishop, Dr. Deuchar and, D.X.T. — Mr. M. J. Langham
3 *months*

Resident Obstericians
1. 5.59—31.10.59 — Mr. A. J. Taylor
1. 7.59—31.12.59 — Mr. J. G. Wright
1. 9.59—29. 2.60 — Mr. J. G. Holmes-Smith
1.11.59—30. 4.60 — Mr. D. J. Smith

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital
Mr. M. P. Wilderspin — 3 *months*
Mr. G. G. Ward — 3 *months*

Throat and Ear and Ophthalmic House Surgeon
Mr. D. A. Wright
3 *months at Guy's followed by* 3 *months at New Cross*
Mr. A. F. Tredre
3 *months at New Cross*

Dermatological House Physician
Vacant — 6 *months*

Genito-Urinary House Surgeon
Mr. I. S. Muir — 3 *months*

Neurological House Physician
Mr. G. M. Davies — 6 *months*

House Surgeon to the Thoracic Unit
Mr. J. S. G. Hayes — 3 *months*

Children's House Physicians
Mr. M. F. H. Bush — 3 *months*
Mr. S. Nurick — 6 *months*

Children's House Surgeon at the Evelina Hospital
Mr. J. Vejjajiva — 3 *months*

House Physicians in the Department of Experimental Medicine and Resident Junior Clinical Pathologists
Mr. P. R. Grob — 3 *months*
Mr. I. G. Chisholm — 6 *months*

R.M.Os. Nuffield House
1.6.59—30.11.59 — Miss R. M. Harrison-Bloom
1.7.59—31.12.59 — Mr. J. R. Allan

House Physicians in the York Clinic
1.10.59—31.3.60 — 2 posts vacant

Resident Anaesthetists
1.6.59—30.11.59 — Mr. H. C. Evans
1.9.59—29. 2.60 — Mr. S. R. Williams (S.H.O.)
1.9.59—29. 2.60 — Mr. J. Hellewell
1.6.59—30.11.59 — Mr. J. A. Clement (New Cross S.H.O.)

JOYCE GREEN HOSPITAL

House Physicians
Mr. H. J. Missen — Mr. F. Warwick

LEWISHAM HOSPITAL

House Physician
Mr. R. Marsh
(Locum from 14.9.59). 6 months' appointment from 16.9.59).

House Surgeon
Mr. N. Dobie
(Locum until 15.9.59. 6 months' appointment from 16.9.59).

NEW CROSS HOSPITAL

Senior House Officer in Medicine
Vacant

General Duties House Surgeon
Mr. A. W. McKenzie

ORPINGTON HOSPITAL

House Surgeon with Gynaecology
1 vacancy readvertised

House Surgeon with Orthopaedics
1 vacancy readvertised

QUEEN MARY'S HOSPITAL SIDCUP

House Surgeon
1 vacancy readvertised

ST. JOHN'S HOSPITAL LEWISHAM

House Surgeon
1 vacancy readvertised

Casualty Officer
Mr. E. N. Wardle

SEAMEN'S HOSPITAL GREENWICH

House Surgeon
1 vacancy readvertised

ELECTIONS

ROYAL COLLEGE OF PHYSICIANS OF LONDON

At the Quarterly Comitia of the College held on Thursday, 30th July, 1959, Dr. E. R. Boland was elected Censor for the ensuing year.

The following were elected Examiners:

Chemistry: Professor G. A. D. Haslewood.

Materia Medica and Pharmacology: Dr. C. Hardwick.

Medical Anatomy and Principles and Practice of Medicine: Dr. E. H. Hudson.

Psychological Medicine: Dr. M. J. F. McArdle.

Murchison Scholarship: Dr. N. S Plummer

Examiners for the Membership Examination: Dr. W. N. Mann, Professor L. J. Witts.

APPOINTMENT

NATIONAL UNIVERSITY OF IRELAND

Examiner

Dr. A. Keith Mant has been appointed External Examiner in Medical Jurisprudence to the National University of Ireland.

PASS LIST

UNIVERSITY OF CAMBRIDGE

Doctor of Medicine

J. R. Rees

UNIVERSITY OF LONDON

B.Sc. Anatomy

First Class Honours

Marcella A. Chamberlain J. N. Crossley
D. C. A. Picton

Second Class Honours
(Upper Division)

J. M. Forsythe R. O. Weller

Special First Examination for Medical Degrees
June, 1959

I. A. Baker
A. G. Buchanan
M. J. Burke
E. Eckersley
G. J. Hearn
Jean M. Parker
R. J. Parker
Juliet D. Pike
I. Vadasz
Fiona B. Wills

The following General Certificate of Education candidates have qualified for exemption from the First Medical:

I. R. M. Anderson
G. G. Ashby
J. W. Balchin
J. L. Banfill
R. L. Bartlett
D. A. Biggs
D. J. Boddy
J. T. Borwick
R. G. D. M. Burr
P. K. D. Bush
Jean M. Callieu
P. H. Chadwick
M. Chan Chew Chan
Jennifer M. Crawshaw
T. C Davis
P. J. Dickinson
M. A. Fikree
H. Froozan
M. R. G. Holmes
T. J. Huins
C. R T. Lachlan
J. R. P. F. Liddiard
I. C. M. MacLennan
Linda M. Maher
M. D. Murray
R. W. T. Myall
P. R. G. Needham
J. E. A. Oni-Orison
A. Palmer
R. N. Pearson
R. A. Y. Pietroni
R. A. Porter
N. Ramsbottom
P. B. Robinson
M. S. Sanders
J. P. Sedgwick
Evelyn J. Sherbel
N. A. G. Shirlaw
Janet E. Siarey
F. K. Simbo
A. J. Smith
Lilian E. J. Stevenson
R. L. Strickland
R. A. Sturge
J. A. Thomas
J. C. Thomas
C. D. C. Tomlins
M. M. Walker
M. B. Williams
N. S. Young

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Blaxter, P. L. Conjunctivitis. *Med. Pr.* 1959, **242**, 124.

Dwyer, P. J., Ripman, H. A. and Williams, P. L. Delivery of Thoracopagus Twins after Intra-Uterine Separation. *J. Obstet.-Gynaec. Brit. Emp.*, 1959 **66**, 437.

Emslie, R. D. A Symposium on the Presentation of Periodontal Diseases. II.—Oral Hygiene. *Dent. Practit.*, 1959, **9**, 251.

Fry, John. Influenza, 1959. The Story of an Epidemic. *Brit. med. J.* 1959, ii, 135.

Grové S S. Fibrocystic Disease of the Pancreas in the Bantu. *Sth. Afr. J. lab. clin. Med.*, 1959, **5**, 113.

Hunt, J. N. Gastric Emptying and Secretion in Man. *Physiol. Rev.*, 1959, **39**, 491.

Johnson, Brian D. L. An Infant Resuscitation Trolley. *J. Obstet. Gynaec. Brit. Emp.* 1959, **66**, 492.

Leeson, P. A Case of Orbital Cellulitis Secondary to Suppurative Pansinusitis: Jacksonian Epilepsy; Drainage of the Sinuses: Recovery. *J. Laryng.*, 1959, **73**, 392.

Shephard, Roy J. Partitional Respirometry in Cardio-pulmonary Disease. *Thorax*, 1959, **14**, 153.

Symonds, Sir Charles. Symposium on Cerebrovascular Disease: Differential Diagnosis. *Proc. R. Soc. Med.*, 1959, **52**, 542.

Wheatley, David. Hypothyroidism in General Practice. *Proc. R. Soc. Med.*, 1959, **52**, 521.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 4s. 3 lines 10s. 6d. Box Numbers 9d. extra.

Ordinary rates 10s. 6d. per line. Box Numbers 1s. extra.

To Let

FURNISHED, 2 large rooms, kitchen & bathroom, suitable for friends sharing. 20 mins. London Bridge in quiet neighbourhood. Telephone LEE Green 2247, evenings.

UNFURNISHED Flat, near Guy's, vacant early September. One double bedroom and usual offices. Box No. 187.

For Sale

GUY'S man wishes to sell good post-war Bausch & Lomb Microscope, 1/6, 1/3, 1/12 and Mechanical stage. £55. Box No. 186.

Required

DENTAL SURGEON (Guy's) offers every inducement to conscientious practitioner to join 5 surgeried practice on or after 1st September. Unfurnished (or furnished) semi-detached house in best residential area awaiting. Apply Keay, 18, Dudley Street, Grimsby.

CHANGE OF ADDRESS

D. S. Roberts, B.D.S., L.D.S.R.C.S., 6, Beech Road, St. Austell, Cornwall.

BIRTHS

CHRISTIE—On 24th July 1959, at Brighton General Hospital, to Valerie and Ian Christie, M.B., B.Ch., a daughter (Sarah Jane).

HOLMES-HIGGIN—On 6th August, 1959, at The British Hospital for Mothers and Babies, Woolwich, to Maureen (née Garthwaite, S.R.N.) and John Holmes-Higgin, a son (Andrew James Beckwith).

HORNIBLOW—On 2nd July, 1959, at Guy's Hospital, to Molly (née Brooks), wife of Arthur Horniblow, a son (James Arthur).

SOLYOM—On 30th July, 1959, to Barbara (née Ridley, S.R.N., S.C.M.), wife of Leslie Solyom, a son (Robert Michael), brother to Julian.

WOOD—On 18th August, 1959, to Philippa (née Thomas), wife of John M. Wood, B.D.S., a son (Paul Munro), at St. Mary's Nursing Home.

EDS. J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1856 12*th September* 1959 *One Shilling*

PASSIM

This is to certify . . . .

LIFE is a long sequence of certificates. A well known personality in the Hospital is several weeks older than the Registrar General will admit—his parents were late in registering his arrival: thus it was not possible for him officially to exist, nor can any of us exist, until we have been inscribed, stamped and signed on a magic piece of paper. Once established, however, it becomes for the growing youth a matter of pride that his activities are described and approved in certificates. Many a middle-aged doctor still hoards the certificate that he once climbed a rope and hiked 24 miles to win his Venturer badge as a Scout. Many a sixteen-year-old has startled his fond mama with the Cadet Force Certificate "A", which declares him to be proficient with the rifle and the bren-gun (self-control averts the modern equivalent of the "vapours" !). Proceeding through hoops not of his own choosing, he acquires a motley collection of scrolls known as his S.C. and H.C. (if he his a veteran), or his G.C.E. ("O.", "A.", or even "S."). Thus armed, he will wish to study medicine. for all the reasons which neither he nor any of us will ever be able to explain to the Selection Committee. Advancing bravely, he will acquire more papers: the scruffy "fevers" certificate ("this man has attended . . ."); the attractive Conjoint Pharmacology scroll ("This may not be used as a certificate . . ."). Certificates of Honour may be strewn along his path. Or they may not. Approaching the end of his student career, he will begin the game of winning those scrolls which will always warm his heart ("our Licence under the said Charter to practise Physic . . ." (. . . "this day admitted to the degrees of . . ."). A qualified doctor, at last he is recognized as a responsible citizen with a specialist service to offer. The mystique is shattered—"I only want a sustificate, doctor" . . . "my boss said you was to sign this" . . . In his life which begins when a certificate is issued, in which his marriage, his offspring, his every act is recorded and registered; a life in which dignity and tradition are embodied in certificates which he is proud to hold, can he fairly protest at the volume of paper pushed at him for signature and counter-signature ?

When so many men of unrivalled skill, enthusiasm, and experience, spend so much of their time in testifying to the truth of irrelevant trivia, surely he can. We are promised great strides in our Health Service; a preliminary stride to the waste paper basket will lighten the step of the profession considerably.

We offer our warmest congratulations to Dr. R. J. Vale, who has been appointed Consultant Anaesthetist to the Hospital.

We learn with delight and pride that H. M. Queen Elizabeth the Queen Mother is to visit Guy's in November, to preside and to present the awards at the Nurses' Prize Giving. The happy arrangement of our buildings around the Park will allow a large number of patients and staff to greet Her Majesty as she proceeds to the Medical School. It is inevitable that the number of invitations to be present in the Physiology Theatre will be very limited, and Matron is particularly sorry that many members of the League of Nurses will have to be disappointed, but all will have a chance to join in the general welcome to our royal visitor.

A sub-committee met on 19th August, under the chairmanship of Mrs. I. Brook, to discuss recommendations concerning Nurses' and Sisters' uniforms. It was agreed that the nursing staff would like a change in the present uniform, while certain individual features should be retained. The cap is to be unchanged, but several changes have been recommended in the uniform dress. The present material is to be used, but more imaginative styling and better use of the direction of the stripes should be most effective. The yoke of tne bodice (we are told) will be of horizontal stripes, and "will curve downwards and extend to the waist, being narrowest at the waistline". There are to be linked pearl buttons, and the familiar "stripe" will be replaced by an epaulette of mauve material. The belt will be incorporated as at present, but will be wider and stiffened, with stripes running horizontally. The length of the skirt, we note with interest, is to be decided later. Presumably the committee will add together Givenchy and Pierre Cardin and divide by two; if uniforms are to be *à la mode* there will be general enthusiasm.

When Borough patients were visited years ago, the problem of parking visitors' cars scarcely arose. In the last two years or so, more and more vehicles, from vans to prestige saloons, have appeared outside Guy's during visiting times. To the west of Great Maze Pond we have a large car park, which is shut on Saturdays and Sundays during the visiting hours of 2.30 to 3.30 p.m. Great Maze Pond shows "No Waiting" signs; St. Thomas's Street allows "No waiting 7.30 a.m. to 7.30 p.m. Monday to Saturday". Residents have watched with dismay as the scores of cars parked in these streets have been systematically noted by the police, later to be fined for parking offences. It is too easy to say that it is not the Hospital's business where visitors park their cars: this "toll" is not necessary. Can we not arrange for the vast acres of car park to be available at visiting time? A very small charge would cover any expense incurred.

Guy's men will regret the passing of Mr. Thomas Singleton, for many years in charge of the Enquiry Office and the Security of the Medical School. He died in Guy's after a long illness. We offer to Mrs. Singleton our deepest sympathy.

From 8 a.m. on Sunday, 27th September, the telephone number of Guy's Hospital will be HOP 7600, and not 3500 as at present. Many of the internal extension numbers will also be changed, It is worth learning the numbers at least of the College Lodge : 243, 244 and 245. We feel for the new owners of 251, 252 and 272—life will not be worth living for the first few weeks !

We understand that some delay is being met in the construction of New Guy's House. Many fittings and permanent furnishings cannot be installed until all the metal guttering and piping is in position, and some skilled work such as the making of the mosaics has had to be postponed, because of a phenomenal and unforeseeable shortage of welders. We are reminded of the famous clerihew :

Sir Christopher Wren
Said "I am going to dine with some men,
If anyone calls,
Say I am designing St. Paul's".

In this case, the much sought-after welders cannot get the hospital built until they have finished other momentous tasks—we believe that they are at the moment welding together an oil-refinery in the Thames Estuary. Nevertheless the new surgical building is now at an advanced stage of readiness, and we look forward to publishing soon a further instalment of Mr. Lees Read's account of the Rebuilding of Guy's.

A Guy's man will be to the fore at the Centennial Meeting of the American Dental Association in New York, from 14th to 19th September. Mr. Clive Blockley, D.D.S., L.D.S.R.C.S., will represent the American Dental Society of Europe, and his table clinic will be an exhibit of "Some Uses of Chrome Cobalt Alloy".

The printing dispute has disturbed admirable habits among several contributors to the Gazette. Please note that material intended to appear in the *Gazette* on Friday must be in the hands of the editors by 10 a.m. on Monday in the week of issue. Short articles of 750 to 3,000 words will be particularly welcomed.

GUY'S DIARY

SEPTEMBER			Exhibition. Department of Surgery. *Hæmaturia.*
12th	S	10.00	Departmental Round. Mr. W. P. Cleland. (Brompton Hospital) Clinical Theatre.
15th			Exhibition. Department of Anæsthetics. Gordon Museum—15th Sept./12th Oct. "*Hazards of Anæsthesia*".
26th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.

YORK CLINIC, 1957

A Survey of the Work of a Psychiatric In-Patient Unit

By MOYA WOODSIDE

1957, the year covered by this survey, was memorable for the publication of the Report of the Royal Commission on Mental Illness. It was followed in 1958 by the publication of the Mental Health Bill, and this is expected to receive Parliamentary approval during 1959.* The new Bill repeals all previous legislation concerning the mentally ill, sweeping away obsolescent terminology and outmoded procedures of admission and discharge. Descriptions such as "lunacy" and "persons of unsound mind" disappear into the past, together with all the paraphernalia of certification and statutory notifications to a Board of Control. Instead, the Bill aims to make treatment available with less formality than for any other kind of illness, and generally brings the law into line with advances in medicine and present-day attitudes toward mental disorder.

York Clinic, the 44-bed in-patient psychiatric unit at Guy's Hospital, has since its inception 15 years ago been a demonstration of the practicability of the new outlook embodied in the provisions of the Mental Health Bill. Patients suffering from mental illness are treated under the same conditions and in the same setting of a teaching hospital as medical and surgical patients. There is no stigma, no restraint, no locked doors; nurses and students are assigned to the unit as part of their training. Under the new legislation, this informal type of care for psychiatric patients will become much more common; indeed, a number of other teaching hospitals in Britain have opened similar units during the past 5 or 6 years. The experience of York Clinic is therefore of interest in showing the likely clinical and social characteristics of patients admitted for treatment to a general hospital environment.

York Clinic, Number and Sex of Patients, Length of Stay

The total discharges in1957 were 335, 5 less than in 1956 (1956: 340, 1955: 360); 177 were private patients, 158 N.H.S. free patients (1956: 181 and 159 respectively). As usual, there were many more women than men, 205 women to 130 men (1956: 214—126). This excess of women is a constant feature of psychiatric illness: it is not a reflection of any set ratio of beds in the Clinic. These are available for either sex according to demand.

The average length of stay, for 301 patients who completed treatment, was 46 days, the same as in 1956. (1955: 44 days). In accordance with previous practice, 32 short-stay (less than a week) and/or untreated patients were excluded from calculation, as were also two patients who stayed over six months. For comparison, the average length of stay at the joint Maudsley-Bethlem Hospital, all patients, for the three-year period 1952-54, was 3.6 months (men) 4 months (women). Any teaching hospital department will receive a number of cases for diagnostic assessment or some specific diagnostic procedure, not neessarily followed by in-patient treatment. This accounts in large part for the 32 short-stay patients mentioned above.

Admission from the General Wards of Guy's

22 patients were admitted direct from the wards, 2 from Casualty, and 5 from Nuffield House (private block). Corresponding figures for 1956 were 31, 0 and 1. These intra-hospital transfers were mainly toxic-confusional states (7), patients who had attempted suicide (3) or were making suicidal threats, and patients whose behaviour on the ward indicated a need for psychiatric observation (hysteria, paranoid ideas, possible dementia, etc.). Two were puerperal depressions following delivery. A number of these patients responded rapidly to management in the Clinic and could be returned to the medical or surgical wards from whence they came.

**The Mental Health Bill received Royal Assent on 29th July, 1959.*

Age and Marital Status, Social Class

In considering the social data which follow, it must be remembered that patients in York Clinic are highly selected in relation to the population as a whole. Various factors account for this: the number of private beds, the prestige of the hospital, the preference given (in accordance with the wish of the Clinic's donor) to professional and particularly medical people, and the selection of cases likely to respond to short-term treatment.

TABLE I

DISCHARGES BY AGE, 1957 (335 DISCHARGES)

Age Group	Male[4] No.	Male[4] per Cent.	Male[4] % 1956	Females No.	Females Per Cent.	Females % 1956
15–24	6	5	11	19*	9	16
25–34	16	12	17	38	19	20
35–44	26	20	16	43	21	25
45–54	39	30	24	39	19	17
55–64	28	21	17	36	17	13
65–74	12	10	12	22	11	6
75+	3	2	3	8	4	1
Total ..	130	100	100	205	100	100

*Includes 2 patients aged 13.

The majority of patients, both male and female, are drawn from the middle years of life. There has been an increase in the proportion of women of 75 and over, and they are now double the number of men in the same group. This finding, together with the increase in the number of widows shown in Table II, is in accord with the greater life expectancy of women in Western countries.

Table II

MARITAL STATUS

(313 individuals)

Status	Males	Females	Total	Per Cent.
Married	85	100	185	60
Single	28	56	84	26
Widowed	1	25	26	8
Divorced	1	4	5	2
Separated	7	6	13	4
Total	122	191	313	100

Married patients again predominate (1956: 105 married women, 76 married men). The middle-aged married woman is the Clinic's most familiar patient. The number of widows shows a continual upward trend, from 13 in 1955 to 21 in 1956 and now 26 in 1957. Many of these elderly ladies can no longer live alone, and the arranging of suitable care for them presents a constant problem to their relatives and all concerned.

Table III

SOCIAL CLASS

(313 individuals)

Class*	No.	Per Cent.	%, 1956
I	115	37	35
II	94	30	26
III	62	19	27
IV	12	4	4
V	6	2	3
X (nil)	14	5	3
980 (Students) ..	10	3	2
Total	313	100	100

*Married women assigned by husband's occupation.

It will be seen that more than two-thirds of Clinic patients are drawn from the managerial and professional classes, with only a sprinkling of unskilled and manual workers. Eight of the 18 patients in Social Classes IV and V were admissions from the wards or from Casualty. The apparently large category of Nil Occupation (x) contains a number of seriously handicapped schizophrenic patients who have never been fit for work, and some elderly spinsters, survivals of a bygone and more leisured age when ladies did not enter gainful employment.

The medical admissions in 1957 comprised 12 doctors (including two surgeons), 11 nurses (including one matron), two student nurses and two medical auxiliaries. These figures are a little higher than the similar admissions for 1956.

Where Patients Come From

Table IV

GEOGRAPHICAL DISTRIBUTION OF PATIENTS' HOMES

(313 individuals)

Area	*No.*	*Per Cent.*	% 1956
S.E. London	25	8	14
Other Metropolitan Boroughs	100	32	27
Home Counties	129	42	37
Rest of England	32	10	12
Scotland, Wales, Ireland, C.I.	17	5	3
Overseas	10	3	7
Total	313	100	100

A teaching hospital unit, with private beds, flings its net far and wide. Nevertheless, it is a little surprising to find that only 8% of *all* admissions are from the hospital's neighbourhood, and less than a third from the rest of the Metropolitan area. Home Counties admissions, 42%, are largely from Surrey, Kent and Essex. Such a scattered population occasionally necessitates certain patients prolonging their stay in the Clinic, when transfer to an out-patient basis for continued psychotherapy is impracticable. Ideally, in-patient care should represent only one important stage of the whole process of treatment.

Table V

DIAGNOSTIC DISTRIBUTION OF PATIENTS

(335 discharges)

Code	*Diagnosis*	*Number*	*Per Cent.*	*Average % for Previous 2 years.*
301	Manic-depressive reaction	145	43	39
311	Hysterical reaction	41	12	9
300	Schizophrenia	37	11	13
310	Anxiety Reaction	21	7	8
308	Organic Psychosis	15	4	7
320†	Pathological Personality	14	4	4
322*	Alcoholism	10	3	4
304	Senile psychosis	10	3	2
312	Obsessive-Compulsive States	9	3	3
316	Neurosis with Somatic Symptoms	8	3	1
318	Hypochondriasis	7	2	4
323	Addiction	7	2	2
303	Paranoia/Paranoid States	5	2	4
327	"Uncertain"	4	1	—
325	Mental Defect	1	—	—
326	Adolescent Behaviour Disorder	1	—	—
	Total	335	100	100

†320: Secondary or concomitant diagnosis in an additional 11.

*322: Secondary or concomitant diagnosis in an additional 7.

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The proportion of patients given a diagnosis of manic-depressive disorder continues to rise, and now represents almost half of the total admissions. (Maudsley-Bethlem distribution, three years 1952-54 inclusive, for manic-depressive and neurotic-depressive reaction combined, was 33%). Two factors are responsible for this excess of patients in the manic-depressive category: likelihood of a quick response to electrical treatment (E.C.T.), and the recurrent nature of many cases of the illness, which may call for repeated admissions. Patients readmitted for assessment for leucotomy frequently figure in this group.

The categories of hysterical and anxiety reaction have been marked in recent years by an increasing number of patients suffering from what has been termed the 'house-bound' syndrome, and from backache of no discoverable structural aetiology. (Hysterical disorder has always tended to model itself on currently accepted ideas, and the popular dissemination of knowledge about 'slipped discs' with their crippling consequences has no doubt made backache as 'respectable' a disability as 'shell shock' or the paralysed limb.) These conditions, when they finally come to the Clinic, are usually long-standing and difficult to treat.

Attempted Suicides

13 patients were admitted following an unsuccessful suicidal attempt, 7 fewer than in 1956 (20). 8 were women, 5 were men; 10 were admitted directly, 3 came over from the general wards. The preferred method continues to be an overdose of barbiturates. (For full discussion of attempted suicides coming to Guy's, see a paper by the present writer in the B.M.J., August 18, 1957).

Follow-Up Findings

For the past eight years, a postal follow-up of discharged patients has been carried out from the York Clinic. Table VI below shows the basis on which this is organized. All eligible patients receive a postal questionnaire one year after final discharge; when judged more advisable, the enquiry is sent to their doctor or a relative instead. The proportion of patients not followed up fluctuates annually around 40%: almost half of these exclusions are those readmitted within an arbitrary 12-month period.

Table VI

DISCHARGES 1957; AVAILABILITY FOR FOLLOW-UP: NUMBER OF REPLIES

Total Disch.	*Re-adm.*	*Self-Disch.*	*To mental hospital*	*Un-treated*	*Died*	*Other*	*Total Available*	*G.P.O. Return*	*No Reply*	*Total Replies*
335	62	10	5	29	7	15	207	5	22	180
100%	19%	3%	1%	9%	2%	4%	62%	—	—	—
%1956	17%	7%	3%	1%	4%	9%	59%	—	—	—

The number of readmissions has risen by 2% from the previous year. 33 of these 62 patients were suffering from manic-depressive illness; the next largest diagnostic category was hysteria (8) followed by anxiety reaction (7). Two-thirds of this re-admitted group were Private patients (40), one-third N.H.S. patients (22). In addition to the 62 recent relapses, a further 44 patients were admitted who had been in the Clinic at some time before (the longer a service has functioned, the greater the pool of former patients who may turn to it for aid). This meant, in 1957, that almost one-third of patient intake during the year consisted of readmissions. It would be interesting to know whether a similar situation prevails in the medical and surgical departments of the hospital.

Self-discharges have fallen to a satisfactorily low level, 3% (Bethlem-Maudsley rate, 1952–54, was 13.8%). With the new tranquillising drugs now in use, disturbed and distressed patients can more easily be persuaded to stay. Only 5 patients had to be transferred to an Observation Ward or mental hospital for long-term treatment. The categories 'Untreated' and 'Other' cover mainly short-stay patients admitted for assessment or specific diagnostic investigation. 7 patients died during the year, and the death of a further 5 was reported through the follow-up, making a total of 12. Only 3, all women, were suicides; the other deaths were mainly of elderly patients from malignant or cardiovascular disease.

Table VII

RESULTS OF TREATMENT: ANALYSIS OF REPLIES 1 YEAR AFTER DISCHARGE

Total	*Well*	*Improved*	*Sick*	*In Hospital*	*Dead*
180	80	53	37	5	5
100%	44%	30%	20%	3%	3%
%1956	39%	41	13	4	2

The number of patients replying to the questionnaire or about whom information was obtained from other sources (their own doctor, attendance at out-patient follow-up clinic) remains on a high level (87%). The findings for 1957 are consistent with those of previous years: 70 to 75% of treated patients will be fully recovered or sufficiently improved to lead a normal life, when followed up one year later. Group 4, patients in hospital, does not necessarily represent a failure of treatment. This group, and those labelled "sick", includes a number of senile or elderly patients who made a limited recovery while in the Clinic, but whose underlying condition did not permit of independent active existence.

Non-Replies

In a recent study from Leeds[1], where 76 psychoneurotic patients on a waiting list for psychotherapy (some of them for many years) were followed up, the investigators found no diagnostic difference between the group of patients who responded to their enquiry and those who did not. They accordingly questioned the conclusion posited in an earlier follow-up study from the York Clinic[2], that the non-replying group would tend to contain an excessive representation of hysteria, alcoholism, and psychopathic personality. This finding, however, has been consistent during eight years of York Clinic follow-up experience (complete data were set forth in an explanatory letter by the present writer, which appeared in a subsequent issue of the B.M.J.),[3] and was manifest again during 1957. In this year, 22 patients did not respond to the questionnaire, nor to a reminder letter sent one month later. When analysed by diagnostic category, 14 or two-thirds came under the head of pathological personality, hysteria, alcoholism or addiction. Although these four categories combined represented only 21% of the total group of patients (see Table V), their share among the non-repliers is 66%. Default to this extent is yet another indication of the difficulties in social adjustment which handicapped patients suffering from malignant character disorder.

Social Needs and Community Care

In the new Mental Health Bill, emphasis is placed on the desirability of caring for mental patients outside hospital, thus obviating long periods of institutional existence and loss of contact with relatives. The Bill encourages Local Authorities to extend their mental welfare services, providing residential hostels and Homes for old people, day occupation centres, and a closer liaison via trained social workers between the patient, the G.P., clinics based on hospital, and the rehabilitation agencies. Experiments on these lines, organized from Mapperley Hospital in Nottingham and Graylingwell Hospital in Sussex, have been running successfully for several years.

Observations made on the basis of the work of a specialised metropolitan unit such as the York Clinic are less relevant to this wider scene. Nevertheless, the needs of many of its patients on discharge, and the adjustment demanded from the family by psychiatric illness of a member, are much the same irrespective of status and setting. It may sometimes be undersirable for patients to return to a home environment whose stresses have precipitated or would tend to perpetuate their disorder. There are patients who have been drifting about in lodgings and furnished rooms, with nowhere to go on discharge. Others include the elderly mildly demented patients, whose relatives are no longer willing or able to have them back. In the London area, a few hostels for discharged mental patients have been opened by voluntary agencies, but they are insufficient to meet the need. All too often, the plight of older patients is one of long waiting-lists for suitable Homes and restrictions imposed on account of age, infirmity, or income.

Experience suggests that community care is not altogether without its disadvantages; and that in the enthusiasm for keeping the patient out of hospital, the stress on his *normal* relatives may be underestimated or ignored. An example may be cited from the Clinic during 1957: a chronic schizophrenic father, sufficiently rehabilitated to live outside the institution where he had spent many years, ruled

his family with unreasoning rigour and repression. The tension in the home was such that his adolescent daughter developed an acute schizo-affective illness together with behaviour disorder (including promiscuity), his younger son was reported 'backward' and difficult at school, while his wife, who put up with her intolerable marital situation for the sake of the children, was increasingly disabled by psychosomatic symptoms.

A subsidiary problem of rehabilitation, often met with in the Clinic, is that of finding occupation, paid or unpaid, for middle-aged married women alone in suburban homes all day. There is as yet insufficient recognition by employers and professional associations that women who seek to return to work after their families have grown up have a special usefulness in the maturity and experience of life which they offer.

Contribution of the Psychiatric In-Patient Unit to the General Hospital

In statistical and quantitative terms, the work of York Clinic and other similar units can only be—as a former Director once put it—'a very small bucket let down into the great sea of psychiatric disorder'. The main value is a more intangible one: that of the dissemination of attitudes. Nurses, students, and all who come in contact with the unit throughout the hospital learn that patients with mental or nervous illness are as much in need of compassionate care, and their disorder as subject to clinical investigation, as the more familiar patients on the medical and surgical wards. They are given confidence in the handling of disturbed behaviour in whatever hospital context it may occur (for example, a confusional or paranoid state developing in a patient on a general ward will be managed with the same calm and absence of rejection or panic as any other clinical emergency) Similar understanding will inform the care of the puerperal patient who becomes depressed or depersonalized after delivery. In the case of patients who have attempted suicide, it will be realised that wash-outs and sutures are only the life-saving beginning and not the end of the help that they need.

Teaching in the unit emphasises the importance of understanding the patient as a whole person. Through detailed and careful history-taking, a picture is built up of his constitutional assets and liabilities, his family background and social setting, and the emotional stresses he has undergone. All these are scrutinized for their aetiological relevance, and an attempt is made to discover the meaning of the illness to the patient. Subsequent treatment, whether mainly by physical methods, by drugs, or psychotherapy, is always planned (and modified from day to day) on this foundation of psychodynamic understanding. At the same time, a close liaison is maintained with other hospital departments—endocrinology, general medicine, haematology, etc. and their help enlisted when necessary with problems of diagnosis and treatment.

A reciprocal service is performed by the unit when psychiatric consultations are sought on the general and obstetric wards. Over the past five years, there has been a continual increase in the number of these requests, indicating a growing acceptance and appreciation of the unit's work throughout the hospital. 'To and Fro', the Guy's term for a consultation request form, takes on a new dimension when psychiatry is thus integrated on an equal footing with other and older specialities.

The Royal Commission on Mental Illness recommended in their Report that psychiatry be given a much larger part in the medical curriculum; not as a means of turning out specialists but rather to give *all* doctors a better understanding of the emotional factors in illness, and to enable them to treat the number sof psychoneurotic patients they will see in general practice (an incidence recently estimated by the College of General Practitioners at 30%)[4]. Nurses and doctors in training who have absorbed this psychosomatic approach from their experience at the York Clinic will go forth on their careers much better equipped to heal or alleviate their patients' ills.

Acknowledgement.—I wish to thank Dr. David Stafford-Clark, Director of the York Clinic, for permission to publish this report.

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GUY'S HOSPITAL REPORTS. Vol. 108. Nos. 2 and 3

SPECIAL NUMBER

Devoted to Cardiovascular Diseases

Editor: SIR RUSSELL BROCK, M.S.
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Guy's and Doles

or A Week in the Red Brick Building

Being a true account of six days holiday in Guy's.

Guys. The authorities are known as "Wise Guys" because patients going for a check-up have to take a fat cheque up.

Doles. Relates to the fact that whenever the staff have nothing else to do they dole out pills of all shapes, sizes and colours.

1st day. Taken to Room D.14 of *Maternity* wing—given various tests which were apparently negative(!) as I was moved to Room A.2.

2nd day. Fishing rod test, most interesting. No food or drink allowed for 15 hours. The tube inserted into nostril. When it reached the throat I had to keep swallowing to make sure the bait entered my tummy. The fun continued by swallowing a big basin of "gruel".

Every 15 minutes nurse came in and ascertained by suction how many fish had been caught. This game lasted nearly three hours.

3rd day. Egg and bacon test—this is good fun for anyone feeling hungry. Nothing to eat or drink for 15 hours, then posed for various photographs. Then given plate of fried egg, numerous rashers of fat bacon and bread generously spread with butter. The moving pictures then taken, should prove a big box-office attraction —especially if in glorious technicolour.

4th day. Scheduled for the illumination test—this was possibly the most interesting and should prove a good innovation for parties.

It was called an operation simply because I had a local anaesthetic and was on the table in the theatre. Although blindfolded I knew what was going on. 12 pills was the only food for 15 hours, then thick tube pushed down into the tummy Unfortunately being blindfolded I couldn't see the effect of being all "lit up". If it looked like Blackpool illuminations I was O.K. If like Piccadilly Circus I was ruined. Apparently I looked like fairy lights.

5th day. Barium Meal and Watering can test. No food or drink for 15 hours, then usual cinematograph performance. I stood wedged tightly between two X-ray plates with my right arm fastened down. Then had to drink a pint of paper hanger's paste while cine-camera recorded its progress. Then screwed in tighter and turned sideways. Suddenly a red light appeared and out of the darkness a ghostly voice said "I have here a mug. Can you find the handle and hold it"? Naturally, I grasped Nurse's hand first, but eventually found the handle. The voice said "There's a long spout at the other end—try to put it in your mouth and pour the contents while we take another film". The aim seems to be to pour as little as possible down one's ear.

6th day. Every normal test from "99" to Cardiograph—for the latter, one is wired up for television and punched on the chest with a rubber sink-plunger.

Conclusion. I recommend this holiday to anyone wanting an experience out of the ordinary.

To see the wonderful X-Ray machinery, the skill of the Doctors and Radiologists and the pretty nurses—more than compensates for any slight inconvenience.

PERCY G. HUMMERSTONE

CORRESPONDENCE

Letter to the Editor of the Gazette

Air Travel

From Sir John Conybeare

SIR,—The tragic air crash to which you refer in your Passim of August 29th may make students and also their parents hesitant about aeroplane travel at cut rates on charter flights. On the sole occasion when I flew other than on a regular route by a recognized airline we had a forced landing in the Veldt and except for extraordinary good luck and a very skilled pilot I would not be writing this letter.

Yours etc.,

J. J. CONYBEARE

14 St. Thomas's St. S.E.1.

Honours B.Sc. Results

From Professor Warwick

SIR,—I note that in the current issue of the Gazette you have at last been able to record the results of London University's Honours B.Sc. in Anatomy. Your pass list unhappily omits the name of D. J. P. Barker, who passed with First Class Honours. Thus, as you will see, out of the unusually large Honours B.Sc. Class of 1959 no less than four of the six took First Class Honours. Only seven candidates in the entire examination attained this distinction which must make the result a source of pleasure and considerable pride to the Guy's community.

Yours etc.,

ROGER WARWICK

Anatomy Department,
Guy's Hospital Medical School,
London Bridge, S.E.1.

We apologize for this unfortunate omission, due to a clerical error.—EDITOR

"The Guyoscope"

SIR,—Cuba, which is much in the news today, was in a similar state of unrest sixty years ago, and reminds me of the "Guyoscope" in the late nineties and some of its limericks such as,

"*The President went to Havanna*
In a very peremptory manner etc."

Those were the days when Casenove was the Editor and Stanley Cock, who was every bit as good as Phil May, did the drawings. There was at about the same time a small town in Somaliland which prompted our post to produce,

"*In the Principal Mosque of Omdurman*
There appears this remarkable firman
Gifts in kind or in oof
For repairing the roof
May be rendered just after the Sermon"

and

"*A prim little maid of Atbara*
Fell in love with one Patrick O'Hara
It's a shame to have told yer
The name of the soldier
And how—well, her people all bar her"

Nearer home, when I was "R.O." to Dr. Galabin and Peter Horrocks, our bard produced,

"*A patient in "Dorcas" I'm told*
Had a figure not fit to behold
But now—thanks to Peter
She's looking much neater
And wearing her stays as of old

The *Guyoscope* faded out near the turn of the century and was resuscitated a few years ago, but only had a short life. Perhaps the curriculum is too stiff nowadays for a revival in lighter vein?

In those days we looked forward to the *Guyoscope* more than the *Gazette*!

Yours etc.,

C. H. REINHOLD Col. I.M.S. Retd.

The East India & Sports Club,
St. James's Square, S.W.1.

GUY'S HOSPITAL MOTORING CLUB

Autumn Navigational Rally

The Club's next event will start from the Great Maze Pond Car Park at 5 p.m. on Saturday 19th Sept. Equipment for accurate map-reading and time-keeping and Ordnance Survey 1″ sheets nos. 170, 171 (S.W. and S.E. London), will be required. Entries (5/- up to 16th September, 7/6 thereafter) may be made to J. Neale or M. A. Ford at the Dental School.

REVIEWS

Diseases of Women by Ten Teachers. Under the direction of F. W. ROQUES, M.D., M.Chir., F.R.C.S., F.R.C.O.G. 10th Edition. London. Edward Arnold (Publishers) Ltd. Demy 8vo., viii+556 pages, 209 illustrations. 2 plates. *Price* 36*s. net.*

Forty years have passed since "Ten Teachers" was first offered to the undergraduate world and nearly twenty years since I first read it for Finals. My unfortunate impression then of an amorphous inco-ordinate mass is happily no longer tenable. This edition, although larger than its immediate predecessor, is concise and clear cut, dogmatic to guide yet, when called for, discursive enough to stimulate thought and discussion.

The most difficult subject in a gynaecological textbook is ovarian tumours. The chapter on this is excellent, with a most workable and acceptable classification. Likewise are the chapters on the sex hormones, backache, prolapse, retroversion, infection and extra-uterine pregnancy though a surprising omission is any reference to incomplete, septic or criminal abortions which outside the teaching hospitals form the largest and most troublesome part of the acute gynæcological admissions. There is, however, still too much evidence of "scissors and paste". especially in a textbook purporting to give a cross-section of opinions from a bevy of undergraduate teachers and examiners. In treating dysmenorrhœa by splitting the fibres of the internal os, the danger of recurrent abortion from the resultant cervical incompetence is not even mentioned. The frequent association of achlorhydria with pruritus vulvæ is omitted in discussing treatment of this condition, while the treatment of trichomonal vaginitis for 10 days by arsenical pessaries is worse than useless.

The chapter on uterine cancer is good although the description of Wertheim's hysterectomy is inaccurate—and Victor Bonney and Aubrey Goodwin used to be contributors—and the survival rates quoted for the operation are at least 20 years out of date which is all the more surprising when at least 2 of the contributors have examined at Leeds ! The section on operative gynæcology is adequately and refreshingly brief though the implication that routine major surgery is safe in a patient whose hæmoglobin is 60 per cent. is as dangerous as the recommended treatment of shock by hot blankets or electrically heated cradles. The dangers of plasma too date back to the early days of the last war and the administration of rectal saline even further. The scissors is called for but not the paste pot.

The English is excellent except on page 229, where, in discussing displacement of the ovary, "All cases do not require treatment" does not mean what it says. The printing and paper are of high standard. The size and weight of the book are convenient and manageable and the price for an undergraduate textbook of today most reasonable. In brief a good undergraduate textbook strongly recommended.

C.M.F.

Bigger's Handbook of Bacteriology. By F. S. STEWART. 7th Edition. Baillière, Tindall & Cox Ltd. *Price* 37*s.* 6*d.*

Ten years have elapsed since the last edition of *Bigger's Handbook of Bacteriology*, and during this period many advances have occurred in the subjects covered by it. This is reflected in a considerable change of emphasis. For example, whereas the earlier editions dealt mainly with bacteriology and there were comparatively small sections on virology, mycology and protozoology, in the new edition the fungi and protozoa have disappeared and a great deal more attention is devoted to the viruses. Chemotherapy too has made great advances and more attention is devoted to the problems of drug resistance and methods of testing sensitivities of micro-organisms to the different drugs used.

The present edition of the book preserves the essential character of *Bigger's Handbook*. It is interestedly written. General principles are dealt with and are not obscured or overweighted by excessive detail, yet the book contains considerable information, and adequately fulfils its purpose of covering the medical aspects of bacteriology.

One criticism, perhaps, might be made. Like many other text-books the *Handbook* gives neither references nor bibliography. This is a pity. The whole book would be considerably improved by the inclusion of a certain number of key references either in the form of a bibliography or in the form of actual references to important papers. This would encourage the student who is interested to read at least a few original papers or selected reviews for himself.

Like the earlier editions, this one is admirably produced. It can be safely recommended as a useful and interesting account of the subject for medical students.

R.K.

Aids to Neurology. By E. A. BLAKE PRITCHARD, M.A., M.D., F.R.C.P. 2nd Edition. Bailliere, Tindall & Cox. *Price* 15*s.*

This edition is probably one of the best of the "Aids" series in that it is far more complete than others of its kind.

In 470 pages Dr. Blake Pritchard presents a very clear exposition of clinical neurology trimmed of esoteric speculations and sufficiently didactic for undergraduate teaching. He covers a wide field with good emphasis on the commoner conditions. Unfortunately little is said of cervical spondylosis and a fuller discussion on headache would be very useful.

Regrettably some of the therapeutic recommendations are questionable and are further marred by inevitable misprints in dosage schedules. The diagrams are useful and adequate and the text well indexed.

As an undergraduate textbook it is a very worthwhile acquisition.

G.P.

Battle for the Mind. By W. SARGANT. Pan Books Illustrated. *Price* 2*s.* 6*d.*

It is helpful to consider the individual as a dynamic system dependent on maintaining a satisfactory relationship with his total environment, concerning both a physiological equilibrium as well as the relationship with other human beings. When any of these necessary relationships are disturbed, the patient must be motivated towards making whatever adjustments are necessary.

In this book, Dr. Sargant describes how priests, politicians ans psychiatrists seek to bring about rapid and permanent changes in man's beliefs. A direct analogy is made between the Pavlovian dog and religious phenomena. The dog's Physiological response is compared to the emotionally exhausted soldier, religious excitement and political brain washing. Sketches are given of snake-handling cults, scenes of Wesley's exhortations as well as insightful observations on the methods of communist states and the New York police. Thus Dr. Sargant evaluates human response in terms of a complicated series of conditioned reflexes. Written for the lay public, it seeks to adhere to the strict limits of scientific fact though, in the main, presenting uncontrolled and subjective observation. Controversial and provocative, it is lucidly written and highly entertaining. The subject matter and photographs make it excellent value for money.

K.L.

GUYS HOSPITAL CLUBS' UNION

BLUES AND HALF BLUES 1958—1959

The following awards have been made by the Blues Committee:—

Association Football	G. Lamb	*Half Blue*
	W. Landers	*Half Blue*
	A. Palmer	*Half Blue*
	D. Wright	*Half Blue*
Athletics	A. Davis	*Blue*
	D. Gibb	*Blue*
	J. Rickett	*Half Blue*
Boxing	P. Leopard	*Blue*
	M Reeve	*Blue*
	E. Chater	*Half Blue*
	J. Holmes-Smith	*Half Blue*
	S. Mc. H. Young	*Half Blue*
Cricket Club	P. Banks	*Blue*
	G. Berry	*Blue*
	J. A. Dyde	*Blue*
	K. Pagliero	*Blue*
	R. Juniper	*Half Blue*
	A. Leigh Brown	*Half Blue*
	R. Norman	*Half Blue*
Fencing	H. Preiskel	*Blue*
Golf	R. Cockerill	*Blue*
	R. Mummery	*Blue*
	K. Richards	*Blue*
	M. Wilson	*Half Blue*

Hockey	J. Smallshaw	*Half Blue*
	A. MacKenzie	*Blue*
Lawn Tennis	N. Dobie	*Blue*
	E. K. M. Smith	*Blue*
	D. Sellman	*Blue*
	M. Blake	*Half Blue*
	M. Mitchell	*Half Blue*
Rifle Club	K. Robertson	*Blue*
	R. Heald	*Half Blue*
	K. Pilcher	*Half Blue*
Rowing	R. Dobson	*Blue*
	T. Redpath	*Blue*
	J. Axton	*Half Blue*
	H. Clink	*Half Blue*
	W. Long	*Half Blue*
	H. Schweitzer	*Half Blue*
Rugby	A. Blackwell	*Blue*
	P. Harris	*Blue*
	J. Nicholas	*Blue*
	M. Patterson	*Blue*
	N. Boyd	*Half Blue*
	E. Egwuatu	*Half Blue*
	J. Gritten	*Half Blue*
	A. Knight	*Half Blue*
	H. Lloyd-Edwards	*Half Blue*
	C. Wright	*Half Blue*
Sailing	J. Barker	*Blue*
	J. Mather	*Half Blue*
	J. Williams	*Half Blue*
Squash	K. Mackenzie	*Blue*
	B. Binns	*Half Blue*
Swimming	R. V. Westlake	*Half Blue*

SPORT

CRICKET

Inter-Hospitals Cup, 2nd Round

Guy's v. London Hospital

2nd Round Cup match Guy's v. London

Played at Walthamstow, 11th June.

Result—Won by 162 runs.

Guy's

K. Pagliero, b. Murray	32
R. Junifer, l.b.w. Simmonds	33
G. Cook, b. Simmonds	50
I. Gibson, l.b.w. Simmonds	24
T. Huins, ct. Newth, b. Murray	34
T. Cader, ct. Hawke, b. Murray	16
G. Bury, b. Wilkins	15
R. Myall, not out	30
R. Norman, not out	5
Extras	21
Total for 7 wickets declared	260

D. Biggs and A. Leigh Brown did not bat.

London

Stevenson, l.b.w. Cook	10
Newth, b. Leigh Brown	3
Wilkins, c. and b. Leigh-Brown	4
Hawke, ct. Pagliero, b. Leigh-Brown	0
Marshall, ct. Pagliero, b. Leigh-Brown	17
Simmonds, ct. Leigh-Brown, b. Cader	15
Golding, ct. Cader, b. Leigh-Brown	6
Daston, ct. Bury, b. Cook	4
Fisher, hit wkt., b. Leigh-Brown	7
Osborn, not out	16
Murray, l.b.w. Cook	2
Extras	14
	98

Bowling: Biggs 0 for 10, Leigh-Brown 6 for 22, Cook 3 for 27, Gibson 0 for 22, Cader 1 for 0.

On a hot and humid day London won the toss and elected to field. On a good easy-packed wicket, it was soon apparent that run-making was going to offer no serious difficulties. The scoreboard throughout the Guy's innings bore a serene air of respectability. A good start was once again provided by Pagliero and Juniper, consolidated by all members of the order, notably Cook, Huins and Myall.

When the London batted however, they were soon in trouble and Leigh-Brown, with a superb, sustained spell of swing bowling, removed most of the accredited batsmen with unexpected ease. The collapse continued and the London were finally dismissed for 98 runs with ten minutes to spare. Leigh-Brown took 6 wickets for 22 runs in 18 overs.

Guy's Present v. Guy's Past

At H.O.P. 20th June, 1959

Result—Present won by 68 runs.

Guy's Present

K. Pagliero, run out	9
R. Juniper, ct. Munro, b. Morgan	2
G. W. Cook, ct. Clarke, b. Morgan	40
J. Dyde, b. Clarke	47
Z. Cader, ct. Glover, b. Morgan	2
R. Myall, b. Clarke	6
P. Sievers, b. Clarke	8
G. Bury, b. Clarke	0
R. Norman, ct. Allen, b. Clarke	20
A. Leigh-Brown, b. Clarke	14
M. Williams, not out	6
Extras	13
	167

Bowling: M. N. Morgan 3 for 57, C. B. Clarke 6 for 57.

Guy's Past

D. M. Allen, ct. Sievers, b. Dyde	13
I. A. M. Munro, b. Dyde	27
J. D. Williams, b. Dyde	7
G. Barwell, b. Williams	0
D. Atkinson, ct. Bury, b. Dyde	1
J. W. Butterfield, b. Dyde	2
F. N. Glover, b. Cook	23
G. W. Scott, b. Cook	0
P. Banks, c. and b. Cook	2
M. Morgan, not out	0
C. B. Clarke, c. Williams, b. Dyde	18
Extras	6
Total for 10 wickets	99

Bowling: J. A. Dyde 6 for 30, G. W. Cook 3 for 19, M. Williams 1 for 8.

Guy's v. Old Paulines

Played at Thames Ditton 6th June, 1959
Result—Match Drawn.
Guy's 123 (J. C. Cook 32, G. W. Cook 27).
Old Paulines 103—6 (D. Biggs 4 for 45).

Guy's v. Dulwich Hamlet

Played at Honor Oak Park 7th June, 1959
Result—Won.
Dulwich Hamlet 161—7 dec. (Leigh-Brown 3 for 38).
Guy's Hospital 165—9 (J. Dyde 41).

Guy's v. Nomads

Played at H.O.P. 14th June, 1959
Result—Drawn.
Nomads 183—9 dec. (Leigh-Brown 4 for 38).
Guy's 175—4 (R. Norman 50 not out, K. Pagliero 57).

Guy's v. Wimbledon Town

Played at H.O.P. 13th June, 1959
Result—Won.
Guy's 188—8 dec. (P. Sievers 33, A. Leigh-Brown 43 not out).
Wimbledon 97 (D. Biggs 4 for 28).

HOSPITAL INFORMATION

GUY'S HOSPITAL

JUNIOR STAFF APPOINTMENTS

From 1st October, 1959

The following additions and corrections to the list published in the last issue of the Gazette could not be incorporated in that issue for technical reasons, and we now publish them with apologies for the delay and for any inconvenience which may have been caused.

Ear, Nose and Throat Registrars
Mr. D. F. N. Harrison.
Mr. O. H. Shaheen.

Registrar in Radiotherapy Department
Dr. Priscilla Ridge.

Registrar in Diagnostic X-Ray Department
Dr. Elsa Little.

Registrar in Department of Anaesthetics
Dr. S. S. Barker.

Registrar in Department of Clinical Pathology
Dr. Betty West.

Registrar in Dermatological Department
Dr. Anne Maguire.

Registrars in Department of Psychological Medicine
Dr. H. M. Park.
Dr. C. P. B. Prook.
Dr. Pamela Mason.
Dr. K Loucas.
Dr. B. M. Groden.
Dr. M. H. De Groot.

DENTAL

PART-TIME APPOINTMENTS

Registrars in Minor Oral Surgery
Mr. J. N. James.
1 post vacant.

Orthodontic Assistants
Mr. D. M. Carpenter.
Mr. J. J. Hall.

Registrars in Department of Dental Prosthetics
1 post vacant (in addition to those published on 29th August).

Registrars in Department of Conservative Dental Surgery
2 posts vacant (in addition to those published on 29th August).

HOUSE APPOINTMENTS

NEW CROSS GENERAL HOSPITAL

Senior House Officer in Medicine
Mr. J. Payan.

ORPINGTON HOSPITAL

House Surgeon with Gynaecology
Mr. P. A. Trott.

House Surgeon with Orthopaedics
Mr. J. W. S. Rickett.

QUEEN MARY'S HOSPITAL, SIDCUP

House Surgeon
Mr. S. G. Moisey.

GUY'S HOSPITAL MEDICAL SCHOOL

JUNIOR STAFF APPOINTMENTS 1959

Department of Anatomy
Junior Lecturers, 1 year (whole-time): S.A.R. Cooke, I. McColl, R. E. Farmer, B. N. Pickering (part-time).

Adrian Stokes Memorial Fellowship
D. A. F McGill (1 year)

Anderson Demonstrator of Clinical Chemistry
R. W. R. Baker (1 year)

Department of Biochemistry and Chemistry
Lecturer, B. W. L. Brooksbank (2 years)

Department of Biology
Lecturer: C. Patterson (3 years)

Department of Chemical Pathology
Senior Lecturer (1 year): R. W. R. Baker, G. R. Webster
Lecturer: P. H. Wright (1 year)

Department of Child Health
Assistant to the Director: M. C. Joseph (1 year)

Department of Experimental Medicine
Lecturer: J. A. Thornton (1 year)

Gull Student
J. Dobbing (1 year)

Department of Medicine
Senior Assistant to the Director: K, D. Allanby (1 year)

Department of Morbid Anatomy and Histology
Lecturers (1 year): C. W. M. Adams, J. Dobbing, G. A. K. Missen

Depar.ment of Obstetrics
Assistant to the Director: C. Flood (part-time 1 year)

Department of Pharmacology
Junior Lecturers (1 year); L. Sinclair, F. Sullivan

Department of Physics
Lecturers: S. J. Wyard (3 years), E. Grant (2 years)
Assistant Lecturer: Miss M. Hill (2 years)

Department of Physiology
Junior Lecturer. 1 year (whole-time): P. S. Firth (part-time): B. N. Pickering, P. J. Stiles.

Students Health Service
Assistant to the Director. 1year (Part-time); P. J. Stiles.

DENTAL SCHOOL

Half-time Assistant to the Director of the Department of Conservative Dental Surgery.
A. H. R. Rowe

Director of the Dental Photographic Department
A. D. Robinson

Demonstrator in Special Anatomy
J. W. Osborn

PASS LIST

UNIVERSITY OF LONDON

M.D.

J. Eastwood

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

August, 1959

Surgery

*D. M. Holmes

Pathology and Bacteriology, Social and Preventive Medicine and Forensic Medicine

*M. C. O. Bax — R. Cook
G. H. E. Woodbine

Medicine

*M. C. O. Bax — R. Cook
G. H. E. Woodbine

Midwifery

*M. C. O. Bax — R. Cook
Than Tut — J.-P. C. Voos

*Have completed the examination.

NURSING NEWS

Promoted to Sister:
Sister M. C. P. Johnson to *Mary*.
Sister C. Grant to *New Cross* (*Nights*).

Entered:
Sister A. Quinn to *York Clinic*.
Sister D. Mitchell to *School of Nursing*.
Sister D. Hollingshurst to *New Cross* (*Ward 5A*).
S/N M. Calvert to *Outpatients*.
S/N E. Hawkins to *Maudesley Hospital*.
S/N G. Maharaj to *Outpatients*.
S/N C. Osman to *Nuffield C*.
S/N M. Painter to *Victoria*.
S/N P. Plunkett to *Nuffield B*.
S/M J. Hollyer to *Nuffield D*.

Left:
Sister E. Macdonald (*York Clinic*).
Sister R. Brayford (*Queen*).
Sister K. Hopkins (*Luke*).
Sister E. Wynne (*Evelina Hosp.*).
S/N G. Reid (*Outpatients*).
S/N K. Belton (*Astley Cooper*).
S/N D. Colbourne (*Caleb*).
S/N Jano Jones (*Pat & Sam*).
S/N I. Powell (*Nuffield B.*).
S/N R. Edgar (*New Cross*).
S/M C. Grant (*Nuffield D.*).
S/M G. Lee (*District*).

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Boulter, P. S. The Carpal Tunnel Syndrome. *Postgrad. med. J.*, 1959, **35**, 406.

Stanford, R. W. and Allsopp, C. B. The Quantity of Radiation received by Patients during Routine Mass Radiographic Examinations of the Chest. *Radiological Hazards to Patients, H.M.S.O.*, 1959, p. 14.

Sturdy, D. E. Cancer of the Mouth: 11 year follow-up of 800 cases. *Brit. J. Cancer*, 1959, **13**, 13.

Warren, M. D. Rehabilitation and Resettlement. *Royal Free Hosp. J.*, 1959, **22**, 8.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 4s. 3 lines 10s. 6d. Box Numbers 9d. extra.
Ordinary rates 10s. 6d. per line. Box Numbers 1s. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

To Let

Furnished October 1959—March 1960.

HEALTHY SELSEY: snug bungalow, 4 bedrooms, sitting room, kitchen-dining room. central heating, telephone. newly furnished, 4 guineas weekly. Apply:- Crawshaw, Crondall 292.

CHANGE OF ADDRESS

A. J. McNair, F.R.C.S., 9, Devonshire Mews West Devonseire Street, London, W.1. (Welbeck 6241).

C. L. Joiner. M.D., M.R.C.P.,-Consulting Rooms-129 Harley Street, London, W.1. (Appointments : Tel. IMPerial 4060).

BIRTHS

GUNN—On 8th May, 1959, to Elizabeth (née Chiesman) and Andrew Gunn, a son (Robert Charles Livingston)

HUNT—On 7th July, 1959, at Farnborough Hospital, Kent to Ursula (née Fayrer) and John G. P. Hunt, M.B., B.S. a son (Matthew) brother for Kate.

MARRIAGES

FARMER—SCHOLEFIELD—On 1st August, 1959, at Hereford Cathedral, Richard Farmer, B.A., M.B., B.Chir. to Fay Scholefield, S.R.N.

LATHAM—POINTING. On 5th September, 1959, at All Saints, Weston, Bath, Brian Alec Latham, M.B., B.Chir. to Sheila Mary Pointing, S.R.N.

SNOOK—McFARLANE—On 1st August, 1959, at All Saints Church, Westbury, Wilts, J. M. Snook, L.D.S., R.C.S., to Jean McFarlane.

EDS. { J.A.W. / D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1857 *26th September* 1959 *One Shilling*

PASSIM

AS the autumn equinox passes, we re-orientate ourselves upon the coming months of short evenings, toast, coal-fires and warm clothes. This is brought home by the fact that we are able this week to congratulate both the Cricket Club upon their magnificent victory over St. Bartholomew's, to win the Inter-Hospitals' Cup by 8 wickets, and the Rugby Club upon an auspicious win, by 21 points to 3 against Catford Bridge, in the first match of the season.

It is a cause both for congratulations and dismay, that the Revd. Kenneth Child, resident Chaplain to the Hospital, has been appointed to be Rector of Newmarket later this autumn. He will be with us for some weeks yet, but his departure will be a great loss.

We welcome Lt.-Col. J. A. F. Watson as Medical Records and Admitting Officer, in place of Col. Caithness, who has left Guy's.

We wish *bon voyage* to Dr. D. A. F. McGill as he leaves for a year at the Johns Hopkins as an exchange registrar, and we welcome back Dr. M. Lessof, who has been there during the past twelve months. Dr. K. S. MacLean is at the Hopkins at the moment; he is our representative consultant for 1959, together with Mr. Philip Reading, who was there earlier this year.

Sister Lloyd, Sister-in-charge of Nuffield House, is going to South Africa soon on a ten-week trip which we hope will be most most enjoyable. Sister P. Smythe is to relieve her in Nuffield while Sister D. Parkins, who recently retired from Hilton House, is to relieve Sister Smythe in *Christopher* ward during the same period.

We learn from the Superintendent that a "flashing-light" staff locator is to be installed in the swimming bath of the Nurses' Home. We welcome this news.

Home Sister and her deputies have been wearing "mufti" for the past few weeks, and this is to be the future rule, in an effort to lose some of the remaining vestiges of the off-duty regimentation which plagued nurses several decades ago. This is a pleasant notion. In future, Home Sisters will not necessarily be drawn from the nursing profession, but, as "Wardens", will be chosen from all applicants according to their general qualifications for the post.

GUY'S DIARY

SEPTEMBER			
15th			Exhibition. Department of Anæsthetics. Gordon Museum—15th September—12th October. *Hazards of Anaesthesia.*
OCTOBER			Exhibition. Department of Surgery. *Haematuria.*
6th	T	1.00	Mr. Atkins. Clinical Lecture. *Surgery of the Sympathetic System.*
8th	Th	1.00	Dr. Hardwick. Clinical Lecture. *The Diagnosis of Diabetes.*
9th	F	1.00	Dr. Mann. Clinical Lecture. *Peptic Ulcer.*
10th	S	10.00	Surgical Departmental Round. Mr. Alan Parks (St. Mark's Hospital). Clinical Theatre.
15th	Th	1.00	Dr. P. E. Polani. Clinical Lecture.

OBITUARIES

LESLIE DOUGLAS WRIGHT

Leslie Wright was a student at Guy's and obtained his Conjoint Diplomas in 1913 and his Licentiate in Dental Surgery later in the same year. He was appointed as a Dental House Surgeon at Guy's and later served as a Demonstrator of Conservative Dentistry and for some years was Radiologist in the Dental Department. On leaving Guy's he became Dental Surgeon to the West End Hospital for Nervous Diseases. Wright was a keen motor yachtsman, spending much of his leisure in the Solent; he was keen on his profession and was a pleasant friend and companion.

F.N.D.

ALAN MIDDLETON, L.D.S.Eng.

Alan Middleton was educated at Highgate School and then at Guy's, taking his L.D.S. in 1938. He was a Dental House Surgeon at Guy's; on the outbreak of war he joined the Royal Army Dental Corps and attained the rank of Major. On demobilization he entered industrial dentistry and served as dental surgeon to the Enfield Rolling Mills until his sudden death on 30th August. At the inquest it was suggested that he had accidentally sucked sulphuric acid from his car batteries through a straw into his mouth and that the lesions which resulted caused sudden asphyxia; the verdict was accidental death. Alan Middleton was in every way a man, true, straightforward, and skilled in his profession.

F.N.D.

NOTICE

GUY'S HOSPITAL CHAPEL

HARVEST THANKSGIVING

SUNDAY, 4th OCTOBER

7.00 a.m. Holy Communion.
8.20 a.m. Holy Communion.
10.45 a.m. Morning Service.

Preacher : The Rev. SIDNEY FRANKLIN, *Free Church Chaplain to the Hospital.*

Gifts of flowers, fruit and vegetables, etc., for the decoration of the Chapel will be gratefully received.

Collections and donations will be sent to the Oxford Committee for Famine Relief.

DYSPNŒA

By T. J. H. CLARK, B.Sc.

A paper read to the Pupils' Physical Society and awarded the Laidlaw Prize for 1959

ALTHOUGH dyspnœa is a very common complaint it is a symptom that is poorly understood, despite the great strides made in our understanding of cardio-pulmonary disorders. Meakins defined dyspnœa as the "consciousness of the necessity for increased respiratory effort", which stressed the subjective nature of the disorder. This been criticized on the grounds that dyspnœa cannot then be diagnosed in the unconscious patient, and because some patients will not admit to shortness of breath, even when they are obviously in respiratory distress. To cover these contingencies, dyspnœa is often thought of as a sign as well as a symptom. Thus Fletcher (1957-58) describes it as a symptom when recognized by the patient, and a sign when recognized by the observer. He is on safe etymological grounds, as dyspnœa literally does mean difficult breathing.

However, dyspnœa is generally accepted as a sensory experience, perceived only by the patient, and the use of the same term to include a diagnostic impression is not acceptable, as it will only add to the difficulty in the precise use of the term. This lack of precision is difficult enough when the mechanism of dyspnœa is studied. Comroe (1956) likens dyspnœa to pain as both are symptoms, but where pain is often subdivided as to the sensory experience, i.e., throbbing or aching, dyspnœa is recorded whenever a patient complains of any subjective respiratory disturbance. A more exact recording of the patient's description might lead to a better correlation with pulmonary function tests, and thus to a more accurate understanding of the mechanism involved. The dyspnœa met in the many clinical syndromes may in fact be identical, but one should ask how much is due to pain, how much to fatigue or exhaustion, and how much is apprehension and fear?

Dyspnœa can be a perfectly normal sensation, and is encountered by all of us each day. It is only pathological when it arises at a level of exertion less than at which it is normally encountered. This means that dyspnœa is also a very individual complaint, and must be related to what is normal for the patient.

Dyspnœa is noticed as the patient's ventilation approaches the maximum of which he is capable, and probably results from mechanical difficulties in ventilating the lungs. At this point the psychological awareness of the patient to his ventilatory discomfort must be acknowledged. If the analogy to pain is persued, this factor may be likened to the central reaction to impulses from pain receptors. Putting aside this central reaction to dyspnœa, which is incomputable at the moment, the remainder of this talk is concerned with the peripheral factors involved.

Quantitative Assessments of Dyspnœa

Of the many standard tests of ventilatory function, the maximal breathing capacity (MBC) or more accurately the maximal voluntary ventilation (MVV), is of great value, and has been used as an index of dyspnœa. However, Fowler and

Miller (1958) point out the weakness of the correlation between dyspnœa and the MVV. Stuart-Harris and Hanley (1957) also point out that although the MVV test correlates better with dyspnœa than do other standard ventilatory tests, its limitations are considerable. They thought such tests alone could not serve as an objective measure of dyspnœa, and must be combined with some procedure such as exercise.

As dyspnœa is related to the patient's actual ventilation compared to his ventilatory capacity, tests have been devised to assess both factors under the stress of exercise. Two indices are in common use, viz.:

(*a*) Percentage Breathing Reserve which relates the minute volume of exercise (EV) to the capacity (MVV) thus:

$$\frac{MVV-EV}{MVV} \times 100 \quad \ldots\ldots (1)$$

(*b*) Dyspnœic Index: the most reliable is based on the work of Hugh-Jones (1952), who standardized the exercise, and the ventilatory cost of this exercise is incorporated into an index called the standard ventilation (SV).

$$\text{Thus Dyspnœic Index (DI)} = \frac{SV}{MVV} \times 100 \quad \ldots\ldots (2)$$

Despite certain objections, the DI was found to be reasonably correlated with the grade of dyspnœa, although the overlap between the grades was considerable. It is also of interest that dyspnœa was usually experienced when DI >40%, or conversely the % breathing reserve >60%.

However, the most promising tests of dyspnœa are derived from work on the cost of breathing in relation to the visco-elastic properties of the lungs (see Christie 1953). The negative intrapleural pressure is a measure of the force exerted on the lungs, and the tidal volume is a measure of the amount of distension produced; the product of the two is the work done. McIlroy, Marshall and Christie (1954) measured the work done on breathing at rest for normal subjects, and found on exercise that this rate of respiratory work increased approximately linearly with the rise in minute volume (see Fig. 1). Marshall, McIlroy and Christie (1954) then studied patients with mitral stenosis, and found that an exercise there was a marked increase in the rigidity of the lungs, presumably due to pulmonary conjestion. This increase was the principal reason for the increased work of breathing in such patients (see Fig. 1).

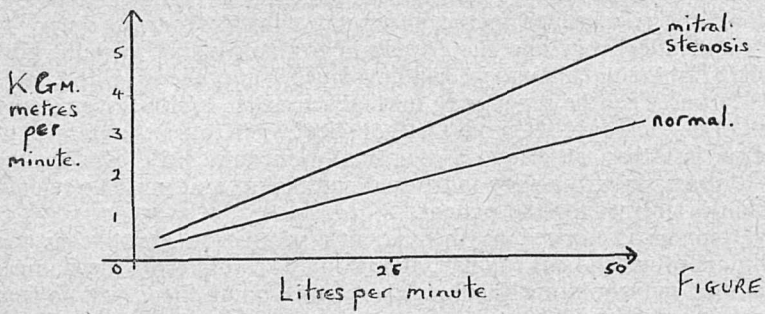

Fig. 1

After Marshall, McIlroy and Christie (1954)

They were able to show that the severity of the dyspnœa and orthopnœa was generally proportional to the degree of pulmonary rigidity (decreased compliance), and consequently to the work done in order to ventilate the lungs. McIlroy and Christie (1954) extended this study to patients with emphysema, and found that, although the work of breathing at rest may be normal, on exercise the work done is much greater; and this, they thought, may be the basis for their dyspnœa.

In a later series of experiments, Marshall, Stone and Christie (1954) tried to relate the dyspnœa experienced to respiratory effort. To reproduce a repeatable end point, the subjects and patients with mitral stenosis or emphysema, were

exercised at a rate which in six minutes produced an arresting shortness of breath. Inspiratory resistances were used in some experiments, and it was found that there was a fall in the rate of doing respiratory work against the higher resistances. However, they were able to demonstrate that at the limit of respiratory effort, the force exerted on the lungs is approximately the same, whether or not an inspiratory resistance is present (see Fig. 2). The force is expressed in cms. H_2O.

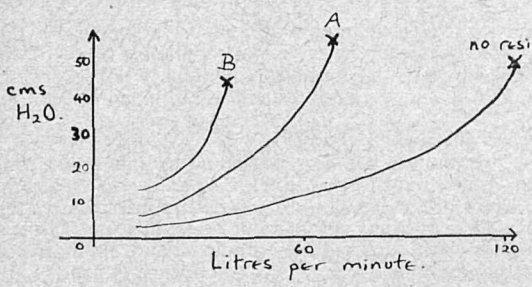

Fig. 2

After Marshall, Stone and Christie (1954)

They extended this work to include all of the subjects and patients (see Fig. 3).

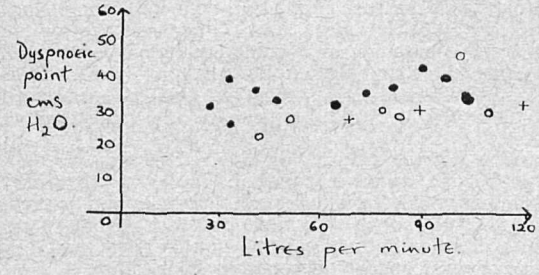

Fig. 3

After Marshall, Stone and Christie (1954)

These findings indicated that the factor limiting their respiratory effort, and therefore causing their dyspnœa, is the force exerted on the lungs; or each person has a threshold in terms of force exerted, at which he feels dyspnœic. Thus in order to satisfy a given respiratory stimulus a person can increase the minute volume until limited by the force which he can apply to the lungs. This is of considerable importance as it points to a possible mechanism underlying dyspnœa.

Some Physiological Considerations

The evidence that the mechanism is a neural one is largely one of exclusion, and most workers now agree that the chemical stimulation of dyspnœa is not proven.

Pure anoxia (hypoxia), is not associated with dyspnœa. Anoxia also produces such changes in cerebral function that dyspnœa may not be perceived, as may occur in anoxic cor pulmonale. Too many patients have been reported who may be grossly dyspnœic, but have normal blood gas levels; and Comroe *et al.* (1955) quote a case, where a patient had a blood arterial oxygen saturation of 70%, but was not dyspnœic. In orthopnœic patients, the blood gas tensions may not alter as they become recumbent, although they are grossly dyspnœic. Similar objections apply to hypercapnia being the cause of dyspnœa; thus the finding of a normal carbon dioxide tension (p CO_2) in the presence of dyspnœa is a common one and in many patients who are dyspnœic the p CO_2 is below normal. This will be discussed later, but is evidence for a reflex hyperventilation.

Although there is scant evidence in man for a neural basis of dyspnœa, such findings as those of Christie *et al.* certainly suggest one. Some experimental evidence is quoted by Hugh-Jones (1957-58) where some patients at operation have had the autonomic nerve plexus at the roots of their lungs divided, and have subsequently

been able to approach their MVV on exercise, without any sensation of dyspnœa. Another line of experimental work in man, concerns the factors limiting breath-holding. On holding one's breath, the discomfort felt appears long before any significant changes in gas tensions in the blood. Fowler (1954) showed that this limit could be prolonged by taking a few breaths of a gas mixture containing 8·2% O_2 and 7·5% CO_2 in nitrogen, which would not relieve any existing hypoxia or hypercapnia.

Accepting a neural basis for dyspnœa, many workers have implicated the stretch receptors in the lung, but the evidence for this is not complete. Much of the indirect evidence comes from clinical studies where pulmonary congestion is implicated as the causal pathological change; and this will be examined next.

The Contribution of Pulmonary Congestion to Dyspnœa

The cause of dyspnœa in heart failure has been attributed to pulmonary congestion by Christie (1938), and this is generally accepted. He laid great stress on the increased rigidity of the lungs of such patients; a fact demonstrated by the increased fluctuations of intrapleural pressure which occur on ventilation (Christie and Meakins 1934). Most recent work confirms these findings, and the increased rigidity of the lungs is expressed in terms of decreased compliance (L/cm. H_2O), and less directly in terms of the increased work of breathing.

The weak link in the argument, is the relation between pulmonary congestion and compliance. In order to show this, pulmonary congestion must be measured and defined, and here the difficulties begin to arise. Examining the experimental studies leads one to the conclusion that pulmonary arterial pressures and especially pulmonary wedge pressures, may give the best correlation with both compliance and dyspnœa. However, this correlation is a poor one. Other evidence for the value of wedge pressure as an objective measurement of clinical pulmonary congestion comes from the studies of patients before and after mitral valvotomy (see Richards 1953, Donald, Bishop, Wade and Wormald 1957). The best correlation between the subjective improvement and objective measurements is the reduction of pulmonary wedge pressures.

Pulmonary wedge pressure is not the only factor involved in the decreased compliance found in these patients. The other important factor of pulmonary congestion is the degree of pulmonary œdema, which cannot be measured as such. Thus Frank *et al.* (1957) showed that the compliance in patients with râles (a coarse indication of œdema), was much less than in those patients without râles; and they suggest that pulmonary œdema may independently decrease the compliance.

Thus the main factors involved in the dyspnœa due to pulmonary congestion are pulmonary hypertension and pulmonary œdema, but this does not tell one the mechanism that mediates this dyspnœa. It does, however, narrow the field so that the receptor is likely to be in the lung or pulmonary circulation. As dyspnœa also occurs in other conditions where the pathological changes of pulmonary congestion are not present, pulmonary congestion is likely to be but one pathological cause for dyspnœa. It probably acts on a mechanism also available to other pathological states. Such a consideration also tends to rule out the receptor being sited in the pulmonary circulation, as does the very interesting occurrence of dyspnœa in pure valvular pulmonary stenosis where there is no pulmonary congestion.

A Physiological Basis for Dyspnœa

The work of Christie *et al.* on the work of breathing, and the correlation between the force exerted on the lungs and dyspnœa, suggests that the receptors involved are stimulated by deformation. The nature of this deformation was not studied.

What evidence is there for a receptor within the lungs stimulated by deformation? Dyspnœa of a pulmonary origin has been found in the absence of gross abnormalities in the mechanics of breathing. This has been attributed to an alteration of the alveolar/capillary interface, impeding the diffusion of oxygen. Such a lesion is postulated as the basis of the " alveolar-capillary block " syndrome, which occurs in beryllium granulomatosis, pulmonary sarcoid and pulmonary scleroderma, to select a few examples. These patients complain of dyspnœa out of proportion to the measured ventilatory defect. The most marked clinical feature of these patients is their hyperventilation. The explanation given for this, was an overactive respiratory centre being stimulated by increased stretch reflexes from the lungs.

Such evidence supports a neural basis of dyspnœa with a receptor in the lungs. The cause for the hyperventilation is the local pathology which deforms the receptors

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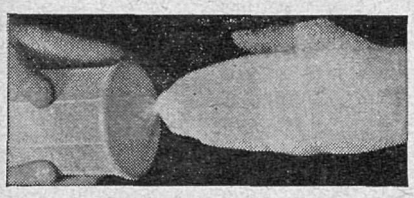

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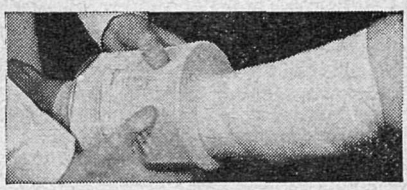

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in the lung. Whether such a pathology also deforms the receptor of dyspnœa selectively, or stimulates it *via* the hyperventilation it may cause, is not known, and the forces acting on the lungs were not measured (see Fig. 4).

It is also of interest to find that in other pathological states associated with dyspnœa hyperventilation is the rule. A close clinical relation to the "alveolar-capillary block" syndrome is pulmonary fibrosis, and Richards (1933) points out that such patients also hyperventilate; this being most marked on exercise. The p CO_2 is also consistently reduced and this reflex hyperventilation also occurs in patients with cardiac dyspnœa. Wright and Filley (1951) think that pulmonary fibrosis may so alter the tissue around the mechanoreceptors present, that their afferent impulse pattern is modified, and that this is the mechanism for the abnormal breathing in such patients.

That the receptors involved are those concerned with the normal control of breathing is not known. Adrian (1933) extended the earlier work of Head on the Hering-Brewer reflex, and pointed out that the end-organs in the lung were similar to stretch receptors in other itssues. His original view of two sets of end-organs; one activated by inflation, the other by deflation, has been modified by Knowlton and Lanabee (1946). They postulate two groups distinguished by their rate of adaption to sustained inflation or deflation. The slowly adapting receptors are inhibitory and are stimulated by inflation; these are the receptors involved in eupnœa and are the receptors mediating the Hering-Brewer reflex. The rapidly adapting receptors are purely stimulant to inspiration. Whether either of these receptors mediates dyspnœa is not known; and if they do, it is not known whether the slowly adapting or the rapidly adapting group is responsible, or both. Certainly Marshall and Widdicombe (1958) have shown that pulmonary congestion sensitizes the slowly adapting receptors, but the relation of this to dyspnœa is not known.

Davis, Fowler and Lambert (1956) give evidence for lung receptors being stimulated, not only by volume, but also by other means of deformation. These receptors were sensitive to static displacement but also to its rate of change, and some were stimulated by the development of resistive pressure in the tissues. The preceding physiological work provides evidence for mechanoreceptors within the lung stimulated by deformation, the usual manner being that of stretch.

It seems possible that such receptors may be the basis of dyspnœa, being stimulated by deformation: (*a*) Locally, by distortion of the tissues around the mechanoreceptor. This may also stimulate the receptor by any altered mode of ventilation produced, i.e., hyperventilation, via the second type of stimulation; (*b*) General deformation of the lung tissue due to the forces acting on the lung during ventilation (as measured by the intrapleural pressure). The dyspnœa accompanying the hyperventilation of exercise, CO_2 inhalation, etc., acts via this method of stimulation (see Fig. 4).

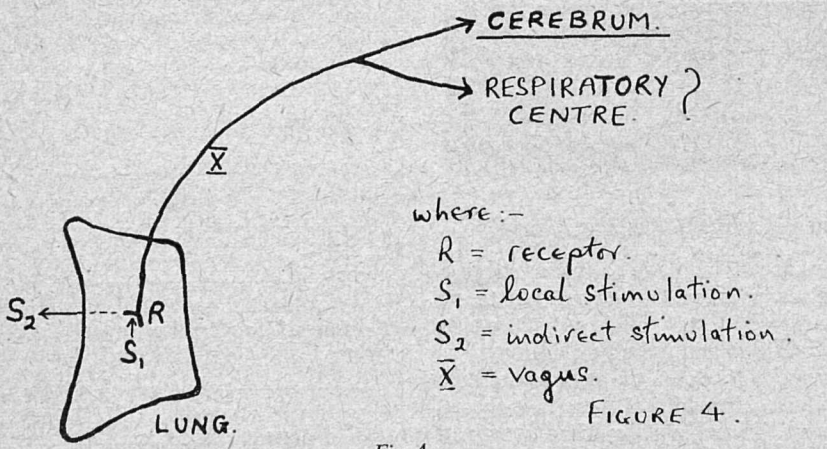

Fig. 4

In fact both forms of stimulation probably occur. Thus the distortion of the lung parenchyma by pulmonary congestion, locally stimulates the receptors to cause

hyperventilation; and this in its turn indirectly stimulates the receptors concerned with dyspnœa, by the deformation caused by the increased forces acting on the lung surface (S_2). This causes indirect stimulation; then summates with any local stimulation of the receptor (S_1), due to the pulmonary congestion. Whether the receptor for dyspnœa also causes the hyperventilation is not known. In some syndromes, e.g., "alveolar-capillary block" syndrome, the local stimulation (S_1) will predominate; whereas in the dyspnœa associated with exercise the indirect stimulation (S_2) is probably more important.

Conclusion

I have attempted to develop a line of argument suggesting: (*a*) there is a neural basis for dyspnœa; (*b*) the receptor concerned lies in the lungs; (*c*) this receptor is stimulated by deformation both locally (S_1) and via the surface of the lung (S_2); (*d*) at least a part of the afferent pathway is in the vagus.

This mechanism is postulated as being responsible for the dyspnœa of all pathologies. The evidence in support of this is slight and mostly indirect, but I hope the concept that has been elaborated will prove of value in suggesting further experimental work, in order that the mechanism underlying dyspnœa may be elucidated. For the understanding of symptoms must surely lead to a fuller understanding of the diseases that provoke these symptoms, and thus to a more rational basis for diagnosis, prognosis and therapy.

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Sixty Years Ago

From Guy's Hospital Gazette, 7th October, 1899.

Several members of the Staff, as well as the Treasurer, were asking on Monday evening if there were ever going to be any Smoking Concerts at Guy's again. At the risk of repetition we would urge upon the Residents the absolute necessity of holding one at the earliest possible date, and upon all newcomers their bounden duty to declare themselves and their talents as soon as notices are posted. A good Smoking Concert would do us all a lot of good.

MEDICAL SLANG

By NAPHTALI KUPFERBERG

No profession coins more words than the medical profession. If few coins are silver and even fewer golden—most at least *ring*.

We do not here propose to enter that rainbow bank of eponyms nor shall we here dwell upon (except in rigorous passage) the probably apocryphal story of that poor interne gasping in the hospital library three summer lunch hours, pitched on the dry shoals of occupational medicime; searching that elusive siren; Milkman's Disease (and not a drop to drink).

We shall even pass (hands over our ears) the shrieking rasps and horribly heavy succussion splashes of those astounding neo-barbarisms being *this very moment* aspirated and punch biopsied out of the defenceless bodies of those poor dead sisters: Latin and Greek. May the *vis medicatrix linguae* save their holy syntax !

No let us have *brass* today ! Polished and bright. Before the age of ultra-science breaks the sound barrier of our hearts and throats. Today we speak: Medical Slang.

In spite of what we sometimes feel: all the world is *not* a hospital. One* has compared it to a stage*.

All the world's a stage
And all the men and women merely players:
They have their exits and their entrances;
And one man in his time plays many parts,
His acts being seven ages.

Suppose we follow the doctor through *his* seven ages.

I.

At first the infant
Mewling and puking in the nurse's arms.

Apparently enough, the first person to see our future doctor was the FINGERSMITH (GRANNY DOCTOR or STORK DOCTOR): That's because he was born in the FOUNDRY or LADIES READY TO BEAR DEPARTMENT. Outside his father paced the SWEATROOM, the AGONY ROOM or FATHERS.

The infant took mother's or LAB MILK and he thrived, surviving: BANGS, BINGS, CHARGES, GOS, HOOKS, HYPES, HYPOS ,JABS ,JAB-OFFS, NEEDLES AND SHOTS.

II.

The whining schoolboy with his satchel
And shining morning face, creeping like snail
Unwillingly to school.

Because or inspite of this he decided to DOCTOR. He studied BUGOLOGY (bacteriology), STINKY (chemistry), KIDS (pediatrics) and BOOBOLOGY (psychiatry) among many, many others. Finally in his third year he was admitted to the sacred precincts of BEDPAN ALLEY (hospital). Here he saw his first SICKER who was an ARIZONA TENOR (a tuberculosis case). He was a DIRTY PATIENT and a regular GERM BIRD (contagious). In MISERY HALL (the emergency dressing station) he found a BLOOD CASE (an accident victim) and a BROKEN BONE (fracture case).

He met his first DOCTOR'S MISTAKE who had CEASED BREATHING. The attendant wheeled the PATIENT to the ICEBOX. Later he and the pathologist READ THE MEAT.

III.

And then the lover
Sighing like furnace, with a woeful ballad
Made to his mistress' eyebrow.

---

*It is thought by some that the seven stage idea was derived from Hippocrates or Proclus. The bard probably never read the Cosian but Furness (in his *New Variorum*) quotes Henley as stating: ". . . emblematical representations of this sort were formerly stuck up both for ornament and instruction in the generality of houses."

One night in Staff House over a case of beer he met a HEN MED who gave him a slight pyrexia. He danced with a SISTER OF MERCY and a DIRTY NURSE who complained to him about the PANHANDLING but he only had eyes for this DOCTORINE who wanted to be a DEFICIENCY EXPERT (psychiatrist). After that they saw lots of each other and even had gotten to the point of arguing as to where they should set up their DOCTORAGE. Then he was graduated and went into service.

IV.

Then a soldier,
Full of strange oaths, and bearded like the pard,
Jealous in honour, sudden and quick in quarrel,
Seeking the bubble reputation
Even in the cannon's mouth.

He went to orientation for a while. Besides M.D.s there were DRUGICIANS (pharmacists), a CORNHUSKER (chiropodist) and two MEN WHO STUDIED THE MOUTH AS A HOLE (dentists). They decided to teach him some more BUTCHERY. There were COCONUT GROVES (skull fractures) he'd never forget; a HOT APPENDIX; some work in SPAGHETTI (the small bowel) and plenty of TONSIL JERKING on the kids.

The country round was pretty nice. One Friday evening the president of the local medical society gave an hilarious talk on PERUNA ("cures everything from Aasmus to Zymonomatosis"), medical ethics, QUACKS OF ALL TRADES, and the horrible fate of LOCK PICKERS and PIN ARTISTS (abortionists). It was very inspiring. The camp C.O. also warned against SUNDOWNERS (physicians in government employ who conduct private practice after office hours).

V.

And then the justice,
In fair round belly with good capon lined,
With eyes severe and beard of formal cut,
Full of wise saws and modern instances:
And so he plays his part.

Back home again to his beloved West Coast he married and settled down, mostly to G.P. (gratitude patients). But his skill, hard work, and constant study eventually paid off. He became attending at MILK AND HONEY (The Cedars of Lebanon Hospital at Los Angeles) and was appointed Lieut. General in COXEY'S ARMY (the troup of medical students, internes, residents, nurses and etc, accompanying a chief of staff on his rounds).

VI.

The sixth age shifts,
Into the lean and slippered pantaloon,
With spectacles on nose and pouch on side,
His youthful hose, well saved, a world too wide,
For his shrunk shank; and his big manly voice
Turning again toward childish treble, pipes
And whistles in his sound.

A comfortable faculty position in his later years eased his ancient way. He enjoyed the Bone Yard (medical school) even more than in his student days and the would-be BLISTER MECHANICS, CASTOR OIL ARTISTS, CASTOR OIL MERCHANTS, CROAKERS, CROCUSES, DEE-RS, DOCS, EM-DEES, EPSOM SALTS, EPOSSUM SALTS, MEDS, MEDICS, MEDICALS, MEDICIANS, MEDICINE DROPPERS, MEDICINE MEN, MEDICOS, MED MEN, OLD PILLS, PHYSIKERS, PILL BAGS, PILLBOXES, PILL DISPENSERS, PILL DOPERS, PILL PEDDLERS, PILL PRESCRIBERS, PILL PUSHERS, PILL ROLLERS, PILL THROWERS, PILLERS, PILLS, JIMMYS AND SHANKER MECHANICS—all—were an inspiration to him and he to them.

VII.

Last scene of all,
That ends this strange eventful history,
Is second childishness and mere oblivion,
Sans teeth, sans eyes, sans taste, sans everything.

Finally, his wisdom taught him when to retire. He was glad he had married that boobologist, was happy in his children and felt he had led a full rich and creative life.

MEDICOS LOOK AT . . . .

We are proud of the connection between Guy's and Keats so perhaps a new ballet based on *La Belle Dame Sans Merci* and presented by the Royal Ballet is of special interest to readers of the GAZETTE (not really, because Keats and the Royal Ballet belong to everybody). The story is a simple one—a knight is met by a lady with whom he falls in love but she deserts him as she apparently has deserted many other noble men, whom the knight sees in a dream.

Something, however, is lost in the ballet. Perhaps the knight at no time looks "so haggard and so woebegone" or pale, "with anguish moist and fever dew". Throughout the ballet, except in his nightmare, he is noble and strong and the essence of the poem is that the lady has left him "alone and palely loitering". The music based on sixteenth-century French madrigals is also stately and somewhat majestic and fails to create the eerie atmosphere of the language of the poem whose beauty lies in the way in which the words and metre are wedded to the brief, sad story.

Andrée Howard designed the décor and arranged the choreography. Although she may have failed to create the true atmosphere of the peom, she was particularly successful with the seductive dancing of the Belle Dame. Georgina Parkinson in this part danced and acted well. The knight, Donald Macleary, also showed a sureness in his dancing which augurs well for the future since both dancers are from the Sadler's Wells Ballet Company, now completely integrated with the Covent Garden Ballet Company in the Royal Ballet instead of being a junior partner.

In the same programme was one of the best of the Royal Ballet's repertoire, *The Rake's Progress*. Based on Hogarth's pictures it tells in three major and three minor scenes the story of a young man who inherits a fortune, squanders it on gambling, wine and women, and dies in an asylum due to what must be general paralysis of the insane. One usually associates the part of the rake with the name of Robert Helpmann, but he has retired now and Alexander Grant danced on this occasion. It is a magnificent part for a male dancer who can act as well, and Grant, with a body similar to that of Helpmann, is a worthy successor to his more famous predecessor. Rex Whistler's scenery and costumes manage to get the Hogarth atmosphere especially in the brothel and asylum scenes and Ninette de Valois' choreography is imaginative and original. Perhaps the only unsuccessful part in the ballet is that of the pure young girl who creates an atmosphere of Victorian melodrama.

One is not too sure what the moral of the story of *The Rake's Progress* is, except that a young man should not be carried away by suddenly acquired wealth, but on the previous occasion when the writer saw this ballet he met the senior surgeon of Guy's and on this occasion one of the senior surgeons of the Royal Free . . . Rakes and Surgeons?

Finally, *Les Rendezvous*, which is a ballet divertissement with choreography by Frederick Ashton and music by Daniel Auber, arranged and orchestrated by Constant Lambert, appears to have dated very badly. True, it is one of the ballets of the Sadler's Wells Theatre and therefore associated with that section of the Royal Ballet, but it is so ordinary in its conception that it would have been better if it had been allowed to remain among the past successes of Sadler's Wells and not introduced into the Covent Garden programme.

Somehow or other a programme such as the foregoing highlights one of the faults of the Royal Ballet. On the whole their librettists have failed to find a modern theme, construct a ballet from it and use modern designs and original choreography. *The Prince of the Pagodas* and *Ondine* are fairy stories (or myths) without a universal truth underlying the story. (It is hoped to write later about these three act ballets at greater length.) *La Belle Dame Sans Merci* has no modern appeal, *The Rake's Progress* is 24 years old and was first performed at Covent Garden 13 years ago and *Les Rendezvous* has worn badly. Good as is *The Rake's Progress* one hopes for more stimulating programmes at Covent Garden in the form of new ballets with a contemporary idiom and appeal.

OBITER DICTUM

Mr. PATRICK CLARKSON : "Infection ? We move on a higher plane than that, dear boy."

CORRESPONDENCE

Letter to the Editor of the Gazette

The Guy's Cup

From Mr. H. J. B. Atkins

SIR,—I have had a letter from Dr. Louis Babrow of Capteown University in which he tells me that the Annual Rugger match for the Guy's Cup took place on 5th September. It was won by Stellenbosch University, the score being 24-17. They deserved their win and the 25,000 spectators enjoyed every minute of the game which took place in glorious weather.

Yours etc.,

H. J. B. ATKINS,
President, Guy's Hospital Rugger Club.

Department of Surgery,
Guy's Hospital, S.E.1.

REVIEWS

Partial Dentures. By JOHN OSBORNE, Ph.D., M.D.S., F.D.S., and GEORGE ALEXANDER LAMMIE, Ph.D., M.D.S., B.Sc., H.D.D. 2nd Edition. Blackwell Scientific Publications, Oxford. Pp. 446. *Price* 45*s.*

In the second edition of this textbook 70 pages have been added for the modest increase in cost of 3*s.* The chapter on mechanical, physiological and pathological considerations has been replaced by two new chapters covering this field. The first of these is devoted to the physiology and pathology of occlusion and introduces a new nomenclature for centric occlusion which many prosthetists may regard as unnecessary. In an attempt to explain the factors influencing the horizontal relationships of the jaw on closing to the normal level of occlusion, the authors resort to what appears to be an unnecessarily involved treatise on neuromuscular physiology : surely this is far beyond the scope of such a book. Whilst this chapter contains an excellent review of the literature covering recent research many of the findings quoted have not been confirmed and may well have to be modified in the near future. In the present state of our knowledge it seems unwise to include such information in a book which in the past has served as an undergraduate text.

The chapter on model surveying has been much improved by stressing the need to relate the retaining devices to the paths of displacement rather than to the path of insertion of partial dentures.

Aesthetics has formed the subject of a new chapter and there are 64 new illustrations including some useful additions to the section on denture design.

In its revised form this book will find a useful place as a reference volume on the library shelf, but it can no longer be recommended as a textbook for students.

H.B.F.

Oral Roentgenographic Diagnosis. By E. C. STAFNE. W. B. Saunders Co., Ltd. *Price* £5 1*s.* 6*d.*

This book contains a wonderful collection of illustrations nearly all of high quality. Some are from quite old films and many have been previously published elsewhere by Stafne. Time and again there is included a fascinating follow up series extending over a decade or more. The list of conditions discussed is complete and it is hard to find an omission. There are not just one but several examples of each lesion considered including, for example, ten illustrations of idiopathic bone cavities low in the lower molar region and a dozen cysts of the incisive canal.

In a book of such calibre published in 1959, it is disappointing to read the statement on page 84 that "since dead tissue attracts calcium salts, the sequestra may become very radiopaque." Surely that idea was buried twenty years or more ago ? The pathological discussion elsewhere is up-to-date and the terminology is straightforward. Most of the book is clearly written and the standard and variety of dental film illustrations is very high. Every dental student should read it and most dental surgeons would find it a valuable source for reference.

F.L.I.

Your Child's Teeth. By E. S. BACON, D.D.S Edited by J. H. STONE, M.D., M.D.S., F.D.S., R.C.S. William Heinemann Medical Books Ltd. *Price* 7*s.* 6*d.*

The aim of this book is to give parents advice on the care of their children's teeth. It is clearly and sensibly written but some parts are unnecessarily technical for the average parent in this country. It is probably more suitable for health visitors and those in the medical services who give advice to parents.

A book of this nature should not include any statements of a controversial nature. Most of the advice given is extremely sound but it is totally wrong to refer to the first permanent molars as " corner stones to maintain the proper relationship of the jaws". It is wrong also to cite mouth breathing as a primary cause of " abnormal development of the face and malformation of the jaws".

The parent who sensibly takes a child regularly for dental care should not be given the idea that this will prevent the occurrence of a malocclusion. The facial pattern of growth is inherited and although certain minor abnormalities can be prevented by early dental treatment, in most cases it will merely prevent the addition of further complications.

Dental care education is best done by the dental surgeon and this book is of value if it encourages parents to take their children at 2½ years for a dental inspection. However, the last paragraph of the book points out that, " though the aims of the dental service have been outlined, in practice the treatment is still considerably handicapped by shortage of dentists".

W.J.T.

Orthodontics in General Practice. By GORDON C. DICKSON. Pitmans Medical. *Price* 75*s.*

British books on orthodontics are rare these days because, one suspects, the speed of revolution in thought tends to outstrip the time lag of publication of much more than a monograph. There is too the ever present difficulty in confining the infinite variety of dental derangements into digestible groups for therapeutic purposes without writing at enormous length. The author has overcome these obstacles with a fair measure of success in a book of just over three hundred pages. His purpose is "to provide the general dental surgeon with a reasonably concise guide to orthodontic diagnosis and treatment, and to provide a background for those who wish to proceed to study of more comprehensive text books and of the periodical literature". The text mirrors the lively and communicative orthodontist that the author is. It succeeds in reducing the controversial area which is almost taken for granted in the speciality. It could have been reduced still more. Taking only some of the points in the field of treatment, is not the theoretical desirability of rebuilding the collapsed lower arch in Class II cases all too often matched by the likelihood of eventual relapse ? How often in class II div II cases is there a distally displaced mandible which will oblige by moving forward the width of a premolar, providing the upper central incisors are moved forwards ? And does an oral screen make any contribution to "training in nasal respiration" ? The illustrations are very numerous and excellent. They doubtless contribute to the rather high price of the book, but one has only to look at the last half, where appliances are described, to realize their value.

R.E.R

A Doctor's Story. By VIKTOR HENRIKSON. Michael Joseph. *Price* 18*s.*

These are the memoirs of a popular, broadcasting Swedish doctor. The first chapter is of moderate interest, where the author is describing his youth, though here as elsewhere he displays a naivety surprising in one who has been a psychiatrist as well as country practitioner, surgeon, army doctor, ophthalmic surgeon, etc., etc. In many places the author describes intimate details of his patient's sufferings (colostomy, rectal carcinoma and so forth) in a way too facile to interest his colleagues and too grisly for any but the morbid lay person to bear; and this in a context which glorifies himself. I did not find it pleasant reading. If there is a doctor's life little of interest except the more melodramatic incidents of his work, then in this he does not differ from thousands of others, and to make a book out of them produces dull and tasteless stuff.

R.C.

Textbook of Bacteriology. 8th Edition 1959. R. W. FAIRBROTHER, M.D., D.Sc., F.R.C.P., William Heinemann Ltd. *Price* 25*s*.

It is now over twenty years since the first edition of Fairbrother's *Textbook of Bacteriology*, now in its eighth edition. The present volume follows the same general pattern as its predecessors. The first part, consisting of 179 pages, is devoted to general bacteriology. The second part, which runs from p. 180 to p. 460, consists of systematic bacteriology including the viruses and rickettsiae, while at the end, Part III consists of four chapters on general technique.

As is pointed out in the preface to the eighth edition, the greatest changes have been in the chapters on chemotherapy and the viruses, and these have been considerably rewritten. The chapter on the viruses occupies just over 40 pages and gives an adequate account of the main viruses of importance to man. The chapter on chemotherapy is just short of 20 pages and this might with advantage be somewhat increased in length.

One or two general criticisms may be made. It is unfortunate that references are not given, but this is not a criticism directed specifically against this book but rather against the common practice, in so many textbooks intended for medical students, of omitting references to the literature which can be a useful means of stimulating interest in those who are prepared to look things up for themselves.

A notable omission is that the epidemiological aspects of bacteriology are hardly dealt with at all. Again this is not a specific defect of this particular work but reflects the general lack of interest in the epidemiological aspects of microbiology as at present taught in so many medical schools.

As a straight-forward textbook of bacteriology in the conventional sense this is one that can be recommended. It gives the essential facts, it gives them clearly and briefly, and, apart from the comments already made, it covers the ground adequately.

R.K.

Practical Biology. By C. J. WALLIS, M.A.(Cantab.) Vol II : Practical Botany. Fourth Edition. 173 pp. and 73 figures in the text. London : Wm. Heinemann (Medical Books) Ltd., 1958. *Price* 17*s*. 6*d*. net.

This book is the companion volume to "Practical Zoology", reviewed in the *Gazette* last year (15.2.58) and, as explained in the Foreword, has been published separately so that students taking only one of these subjects at the Advanced Level in the G.C.E. Examinations need only purchase the relevant volume. Because of this there is a considerable amount of repetition. The Introduction, together with the sections on Microscopical Technique and Elementary, Biochemistry and the Appendices, together total 73 pages, and are essentially the same in both volumes. The remaining 100 pages cover the usual Advanced Level Botany syllabuses and may perhaps by some, be considered adequate for that purpose, but for the Pre-Medical Examination of the Conjoint Board the book goes far beyond the needs of this examination.

The book will probably be found useful to those teachers who want a handy reference manual and who do not have easy access to larger and more authoritative works.

E.W.B.

Modern Treatment Yearbook 1959. Edited by FREDERICK ROQUES and Others. 25th Edition. Baillière Tindall & Cox. *Price* 30*s*.

The 25th Edition of this hardy annual provides the family doctor with excellent opportunities for revision and keeping up to date. Its 31 chapters written by well known British consultants cover a good variety of subjects, all of particular interest to the family doctor.

Thus we are offered essays on painful feet, whitlows, asthma, migraine, cardiac failure, cardiac infarction, chronic bronchitis and cancer of the lower bowel as well as many others. In spite of the fact that the material has been written by consultants it is eminently useful to the family doctor because the authors have all the time remembered the type of cases that are commonly seen in general practice and the conditions under which treatment has to be given.

The reviewer, himself a family doctor, can thoroughly recommend this Modern Treatment Yearbook to his colleagues as a most readable and useful volume.

J.F.

A Handbook of Medical Hypnosis. By GORDON AMBROSE and GEORGE NEWBOLD. Baillière, Tindall and Cox Ltd. *Price* 27*s.* 6*d.*

This book is intended as an introduction to hypnosis for students and general practitioners, and in the preface to the first edition the authors say : "We have tried to present a balanced and reasonably objective picture of the place of hypnotherapy in medicine. That this picture has been coloured by our own personal experience, we are very well aware. If we have appeared dogmatic in certain statements it is only because we have seen some of the value of hypnotherapy at close quarters and feel that it might be used more often".

The first three chapters of the book are interesting and deal with the history of medical hypnotism, the relation of the medical hypnotist to the law, and a description of the hypnotic state and its phenomena. Unfortunately the rest of the book does not live up to this standard. There are numerous case histories illustrating the use of hypnosis in a wide range of disorders. However, the descriptions of the use of hypnotherapy tend to be rather vague with much generalisation. Despite these criticisms the book is worth reading since it gives the reader a useful bird's-eye-view of medical hypnosis.

J.H.P.W.

The Healing Voice. By Dr. A. PHILLIP MAGONET. William Heinemann Ltd. Pp. 205. *Price* 18*s.*

For many people, hypnotism suggests the occult and the unnatural, practised by mysterious Svengali-like figures. The music halls exploited the fascination and the newspapers screamed its horrors and dangers.

In 1952 local authorities were empowered to control or prohibit stage performances. Three years later the B.M.A. gave its approval of hypnotism as a proper and useful therapeutic tool.

Despite this people are still ignorant of the nature and technique of hypnotism, as well as its medical potentialities. Dr. Magonet is President of the Medical Hypnosis Society and a pioneer in this field. In his book he outlines the history and development, hints at the nature of hypnotism and expounds its successes. The explanations are straightforward, his style racy and, at times, amusing. The list of conditions successfully treated is formidable—ranging from constipation, obesity and dysmenorrhea to asthma and impotence. Caution is required in assessing the role of hypnotism in the treatment of homosexuality and one is not quite clear how the "nail-biting brunette" was treated. Treatment by hypnosis is certainly a key—but not to all doors. A good introduction but expensive and the serious student will note the absence of a bibliography.

K.L.

SPORT

RUGBY

Guy's v. Catford Bridge

At H.O.P. 19th September, 1959

Result—Won 21-3

It would be difficult to assess Guy's opening performance of the season and even more difficult to predict the future. However, there was real cause for encouragement in the later stages of the game.

Guy's kicked off and little can be said of the first half which was scrappy, uninteresting and poor rugby. Guy's never looked in danger of losing but neither did they look to be convincing victors. There were far too many dropped passes, badly given passes and interceptions. The two redeeming features were a wheel near the Catford line from which Harris crashed over for his first try and a fine scissors movement between Leyshon and Biggs which should have been a try. It was rewarding to see results from two of the set moves.

The second-half proved much more entertaining and heartening. A good three-quarter movement saw the ball out to Biggs who finding the back-row well up passed inside to Baker whose pass to Lloyd-Edwards was judged to be forward. However, disappointment was soon overcome when Biggs receiving the ball from the line-out, made ground and passed inside to Harris who shouldered his way through for a try under the posts. Myall converted. The next try once again came from a three-quarter forward combination. Bryant side-stepping several opponents on the wing passed inside to Blackwell who making ground passed to Harris

whose pass to English left the wing-forward a clear run over the line. Myall converted.

At this stage Catford Bridge were beginning to look much the worse for wear. Their light pack was continually being pushed back in the tight. The Guy's forwards were asserting their authority in the loose with Blackwell, in spite of a shoulder injury, playing his usual fiery game and English tackling solidly.

Another three-quarter movement saw Leyshon moving swiftly for the corner-flag and diving over only to have his try disallowed. However, the attack was soon mounted on the other wing and Biggs using his speed made a fine run round the opposition to score. Myall converted. Catford Bridge were then judged to have scored their sole try. The final score came from a fine break by Thomas in the centre whose pass to Biggs put the winger over in the corner, a good ending. The next game against Blackheath, who beat Old Merchant Taylors so convincingly, should prove interesting.

Team : R. W. T. Myall; J. D. Bryant, J. C. Thomas, J. Leyshon, D. J. Biggs; J. D. R. Nicholas, N. F. Boyd; R. J. Parker, W. M. Patterson, A. C. Knight, B. Blackwell (capt.), P. W R Harris, T. English, D. R. A. Lloyd-Edwards, I. A. Baker.

Guy's 'A' XV v. Catfo rd Bridge 'A'

Result—Won 31-6

HOSPITAL INFORMATION

APPOINTMENT VACANT

GUY'S HOSPITAL, LONDON, S.E.1

Applications are invited for the post of **Registrar (mid-grade) in the Department of Diagnostic Radiology,** with duties commencing as soon as possible after 1st October, 1959, until 30th September, 1960, in the first instance. Candidates who are proposing to sit the next D.M.R.D. Examination should not be deterred from applying.

Forms of application are obtainable from, and should be lodged with the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **8th October, 1959.**

GUY'S HOSPITAL

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1959-60

To take effect as from 1st October, 1959.

Medical Registrars	
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Dr. Boland and Dr. Houston	Dr. I. E. Evans
Dr. Mann and Dr. Kauntze	Dr. J. R. Rees
Dr. Hardwick and Dr. MacLean	Dr. W. D. Hayley
Junior Medical Registrars	
Dr. Douthwaite, Dr. Baker and Dr. Joiner	Dr. J. A. P. Trafford
Dr. Boland and Dr. Houston	Dr. A. Bowyer
Dr. Hardwick and Dr. MacLean	Dr. P. M. J. O'Brien
Surgical Registrars	
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Mr. Atkins and Mr. Lawrie	Mr. P. S. Boulter
Mr. Wass and Mr. Brain	Mr. R. G. Beard

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NURSING NEWS

Re-entered for Relief Duties :
Sister D. Parkins to *Christopher.*

Relief Duties :
Sister P. Smythe (*Christopher*) as *Sister-in-charge, Nuffield House.*

Special Leave (2½ *months*) *:*
Sister Lloyd, *Sister-in-Charge, Nuffield House.*

Study Leave :
Sister Brysson Whyte, *Sister Tutor.*
One year to study methods of nursing training in the U.S.A. and Canada.

Sister J. Summers, *Lydia.*
6 months for Midwifery training Part I.

Entered :

S/M D. Sewell to *Victoria.*
S/N D. Flattery to *York Clinic.*
S/N J. C. Bull to *Theatres.*

Left :

S/N J. Dean, *Christopher.*
S/N J. Coles, *Front Surgery.*
S/M M. Kerrison, *Victoria.*
S/M A. Robson, *Victoria.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

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PERSONAL

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G. C. W. Baker, M.B., B.S., 238, Bannerdale Road, Ecclesall, Sheffield, 11.

L. M. Davis, M.B., B.S., 134, Empingham Road, Stamford, Lincolnshire (Stamford 3603).

J. A. Jemson, M.R.C.S., Box 9, Glenboro, Manitoba, Canada. (Glenboro 14-2).

A. G. McCallum, M.B., B.S., 66, Queen Street North, Kitchener, Ontario, Canada.

Miss J. L. McNair, M.B., B.S., 9, Devonshire Mews West, Devonshire Street, London, W.1. (Welbeck 6241).

R. Palmer, M.B., B.S., 34, Park Close, Stevenage, Herts.

BIRTHS

BALLANTYNE.—On 6th August, 1959, to Joan and Kenneth Ballantyne, L.D.S.R.C.S., a daughter (Julia Pauline).

DUCKWORTH.—On 9th September, 1959, at Watford, Herts, to Julie (née Williamson) and Dennis Duckworth, M.B., B.S., a daughter, a sister for Ann and Guy.

KIELTY.—On 13th September, 1959, at St, Teresa's Maternity Hospital, Wimbledon. S.W.19, to Patricia (née Spencer) and Dr. Michael Kielty, a son (Michael John).

McCALLUM.—To Roisin, M.B., B.Ch., wife of Alan McCallum, M.B., B.S., D.L.O., a daughter (Fiona Mary), sister for Andrew and Claire, on 30th August, 1959, at Kitchener, Ontario.

MANSFIELD.—On 13th September, 1959, at Guy's Hospital, to Theo (née Dartnall), wife of Colin Mansfield, M.B., B.S., a second son (David Colin).

PALMER.—On 22nd August, 1959, to Mary (née Crawford, S.R.N.), and Tony Palmer, a son (Keith Alan).

WHITE.—On 3rd September, 1959, at Guy's Hospital, to Patricia, wife of Richard White, M.R.C.P., D.C.H., a son (Martin James Reeve) a brother for Charles.

MARRIAGES

DAVID—MARSHALL.—On 19th September, 1959, at St. Mary's Church, Docking, Norfolk, Martin David to Jill Angela Marshall, S.R.N.

LUNN—SEARLE.—On 12th September, 1959, at Melton Mowbray, Leicestershire, Eric W. Lunn, B.D.S., to Rosemary E. Searle, S.R.N.

MEMBREY—ATKINSON.—On 20th June, 1959, at St. Mary Magdalene, Rygate, Anthony Membrey, M.B., B.S., to Priscilla Atkinson, S.R.N.

Eds. { J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1858 10*th October* 1959 *One Shilling*

PASSIM

FRIENDLY faces greeted us when we first came to Guy's. In each succeeding October, the Hospital welcomes its new members, the new links in the chain of medical men and women who represent Guy's in the world and embody all that this great teaching hospital means to civilized men. It is the common ground of newcomers and old inhabitants that they take an active part, and with each year's passing a more personal and valuable part, in the continuation of the great humane drive which is at the centre of the Hospital's ordered bustle. Our elders welcomed us when we came here: we now have the pleasure of welcoming the new Guy's men and women among us. We know that you intend to share fully in the hard work upon which a hospital and a Medical School depend if their existence is to be worthwhile. You will be generous of your ideas and endeavours. You will come to know and to appreciate the warm and sterling character of the men and women of Bermondsey and Southwark—"the Borough". You have London to relax in, the Hospital's clubs and societies in which to show your skills and find recreation. You will swiftly make the acquaintance of the hundreds of souls who will work with you and be your mentors. You will soon be familiar with our spreadeagled buildings, and will come to cherish the Park, at once spacious and intimate. You will be among the last to work in Thomas Guy's original wards, which after 230 years must soon retire from the active list in favour of the new surgical building, New Guy's House. You will undoubtedly look back in years to come and recognize that you were at Guy's during one of the most important decades through which it has passed.

It has been the recurring privilege of the *Gazette* for over seventy years to give public expression to the general welcome—it is with great pleasure tht we bow to the newcomers of 1959. Ladies, gentlemen, welcome to your Hospital !

A remarkable anniversary fell upon 4th October. It was on on this date in 1889, seventy years ago, that the first lecture was delivered in the Dental School as we know it. The lecturer was Mr. Newland Pedley, and his subject, a survey of the training of dentists.

On Friday, 16th October, at 1.15 p.m. in Southwark Cathedral, there will be a Service for St. Luke's Tide, at which the Bishop, the Rt. Revd. Mervyn Stockwood, will preach. Medical, nursing and lay staff of the Hospital have been cordially invited to attend.

We congratulate Dr. D. J. Anderson upon his appointment by the University of London as Reader in Physiology in relation to Dentistry, at Guy's Hospital. Dr. Anderson is one of the pioneers of the early specialized training of dental students which has now found favour in official circles, and we agree with the *British Dental Journal* that this must foreshadow the eventual establishment of Chairs in the Preclinical subjects, specifically in relation to Dentistry.

In the *Sunday Times* of 4th October, an article on careers referred to the "macabre detail" in which some young people discussed their future careers, and quoted a would-be dentist who wanted "to find out what goes on in teeth, and how the mouth is built, and how false teeth are made and how to fit them into gums". This seemed to us the least macabre and most unusually sensible explanation of his choice of *métier* which has been offered by a schoolboy for many a year.

St. Thomas's Street, alas, seems irrevocably committed to the rôle of a major highway. The large direction signs recently pinned upon the ruined wall of the East Wing of Guy's House in St. Thomas's Street, have now been joined by lofty concrete lamp posts, which are twice the height of the agreeable neo-Victorian gas mantles which they are to replace.

A canvasser rang the bell. The lady of the house looked from an upper window before coming to open the door. Her child fell from the window and fractured his leg (he is now doing well). Otherwise, "election injuries" have been rare, and the Front Surgery has had none of the fractures and lacerations of an Eatanswill campaign, as we go to press. Thursday night's excitement as the results are announced may bring a crop of small-bore coronary arteries to our attention, but the days of "grievous bodily harm with intent" seem to be a thing of the political past.

We heartily recommend to our readers a visit to the London Nursing Exhibition at the Seymour Hall, W.1, from October 12th—16th. The exhibits and lectures promise to be of even wider range and interest than last year, when at least one visitor was fascinated beyond his own expectations by what he found there.

NOTICE

DRAWING FOR "DUFFERS"

A course of five lessons on drawing will be held this autumn for those who find their lack of talent hinders them in their work. A certain degree of skill can be obtained in drawing, by anyone, in the same way that it can be obtained in a laboratory technique, and it is with the basic technique of drawing that this course is concerned.

Anyone will be welcome, especially those that feel "hopeless at drawing," and particularly pre-clinical students. Please contact Miss Treadgold, Medical Illustration Department, Ext. 295.

GUY'S DIARY

OCTOBER 10/12			Exhibition. Department of Anæsthetics, Gordon Museum—until 12th October. *Hazards of Anaesthesia.*
OCTOBER			Exhibition. Department of Surgery. *Haematuria.*
12th	M	1.00	Dr. Helliwell. Clinical Lecture.
13th	T	1.00	Mr. Eckhoff. Clinical Lecture. *Cleft Lip and Palate.*
15th	Th	1.00	Dr. P. E. Polani. Clinical Lecture.
19th	M	1.00	Dr. Baker. Clinical Lecture.
21st	W	4.30	Science Club. Squadron Leader J. Ernsting, O.B.E., R.A.F. *Anoxia and its prevention at altitudes greater than* 40,000 *ft.* Staff Common Room 4.30 p.m.
23rd	F	1.00	Dr. Kauntze. Clinical Lecture. *The Treatment of Angina Pectoris.*
24th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.

OBITUARY

DR. ROBERT TILBURY

Dr. Robert Tilbury, of 41, Wildcroft Manor, S.W.15, died on the 21st September, in Putney Hospital, after a long illness, in his 86th year.

He qualified in 1901 and served in the South African War, after which he took over Dr. Cocks' practice in South London. He later served in the R.A.M.C. in the First World War, during which he suffered a double bereavement in his brother Arthur and brother-in-law "Jacko Edmond"—both Guy's men losing their lives. Mrs. Edmond will be best remembered as the popular "Sister Cornelius".

Dr. Tilbury fulfilled all that was best as the family physician and was very widely known and respected for his clinical acumen and professional integrity. He was a fine example of all that a Guy's man should be.

G.E.G-A.

American Dental Association

CENTENNIAL MEETING

Five members of the staff of Guy's Hospital Dental School attended the Centennial Meeting of the American Dental Association held in New York (September 14-18, 1959). Mr. F. S. Warner, Professor W. E. Herbert and Dr. F. L. Ingram each presented papers at the meeting and arranged a demonstration depicting teaching, past and present, at Guy's Hospital Dental School. Professor M. A. Rushton read papers before the "International Conference on Advanced Education for the Dentist" at Harvard University, and the International Academy of Oral Pathology, and at the A.D.A. meeting. Mr. B. E. D. Cooke read a paper to the "International Conference on Oral Biology," and participated in the International Academy of Oral Pathology. At a special Recognition Ceremony at the A.D.A. meeting, Mr. Warner presented greetings and congratulations on behalf of Guy's Hospital Dental School, Professor Herbert on behalf of the Dental Education Advisory Council, Professor Rushton on behalf of the Faculty of Dental Surgery of the Royal College of Surgeons of England, and Mr. Cooke on behalf of the Odontological Section of the Royal Society of Medicine.

After the Centennial Meeting, Mr. Warner, Professor Herbert and Dr. Ingram visited a number of Dental Schools in North America.

CARCINOMA OF THE PROSTATE

By C. H. KINDER, F.R.C.S.

A Clinical Lecture delivered at Guy's Hospital on 24th November, 1958.

PATHOLOGY

Incidence

Carcinoma of the prostate is responsible for 1.38 per cent. of deaths in men over fifty in Great Britain (Registrar General 1952). In America the figure is about 14 per cent. and carcinoma of the prostate is said to be the commonest malignant disease in men. The most likely reason for this difference in incidence is a greater awareness of the disease in the United States and, possibly, less critical histological criteria.

In this country Franks (1954) carried out autopsies in 69 men who died without prostatic symptoms. On serial section of the prostate he found that in men over the age of fifty about 40 per cent. proved to have carcinomas of the prostate, the incidence rising with age so that over ninety it was 100 per cent. (Fig. 1). These growths fulfilled the usual histological criteria but also showed evidence of invasion of the capsule of the prostate (76 per cent.), surrounding blood vessels (38 per cent.), and lymphatics (32 per cent.) (Fig. 2).

This work implies that carcinoma of the prostate becomes increasingly common in advancing years, but in most men it grows slowly, spreads late, causes no symptoms and does not bring about death. It is true to say that the prognosis is worst in the younger age groups.

Site of Origin

Most carcinomas of the prostate arise in the posterior or lateral aspects of the gland and therefore do not involve the urethra until late. Thus if a carcinoma causes urinary symptoms it is likely to have spread beyond the limits of the capsule by the time a diagnosis is possible, and this has a bearing on treatment.

Spread

The local spread of carcinoma of the prostate is forward, to involve the urethra, the base of the bladder and ureteric orifices, and backward to involve Denonvillier's fascia. The latter is an effective barrier preventing ulceration into the rectum, which is extremely rare.

Venous spread is common and metastases may appear in any bone, or less often in the liver, lungs or at other distant sites. It is believed that metastases in the lumbar spine and pelvis are due to a venous spread via the paravertebral venous plexus, which connects the pelvic plexus with the veins around the vertebral bodies. Malignant emboli may pass into this plexus and lodge in the cortex of the lumbar bodies or pelvic bones. Although this may well occur, it is probable that other bone metastases are due to spread via the iliac veins and inferior vena cava. The bone metastases are almost invariably sclerotic and in late cases difficult to differentiate from Paget's Disease. Pathological fractures are not infrequent.

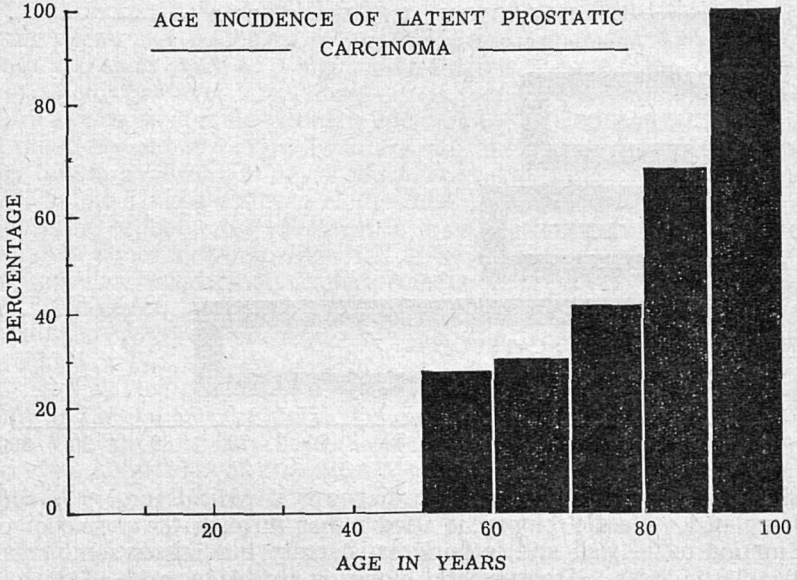
Lymphatic spread occurs via the external and internal iliac groups and causes venous obstruction and oedema of one or both legs, which is not an uncommon way of presentation.

Acid Phosphatase

Acid phosphatase is secreted by the prostate, from red blood cells and also some other organs. In estimating the total acid phosphatase any rise in prostatic fraction is often masked. By estimating the formol-stable fraction (normal 1—2.1), acid phosphatase from the red blood cells is excluded. The tartrate inactivated fraction similarly excludes the prostatic fraction and by subtraction the latter may be estimated with some degree of accuracy (0—0.7 K.A. units).

A rise in total acid phosphatase usually indicates massive metastases whereas a rise in the tartrate inactivated fraction may help in diagnosing a carcinoma of the prostate while still small.

Fig. 1



Sometimes patients with carcinoma of the prostate have no symptoms and the diagnosis is made on a routine rectal examination when a hard solitary nodule is found. In other cases symptoms are similar to benign prostatic obstruction, but of shorter duration. When the urethra and bladder are involved frequency and dysuria occur, later leading to pain, incontinence, haematuria and strangury. With blockage of the ureters, uraemia becomes evident and with obstruction of the iliac veins, oedema of one or both legs. Direct spread along the vas may lead to gross swelling of the spermatic cord, and bone metastases cause pain or pathological fracture.

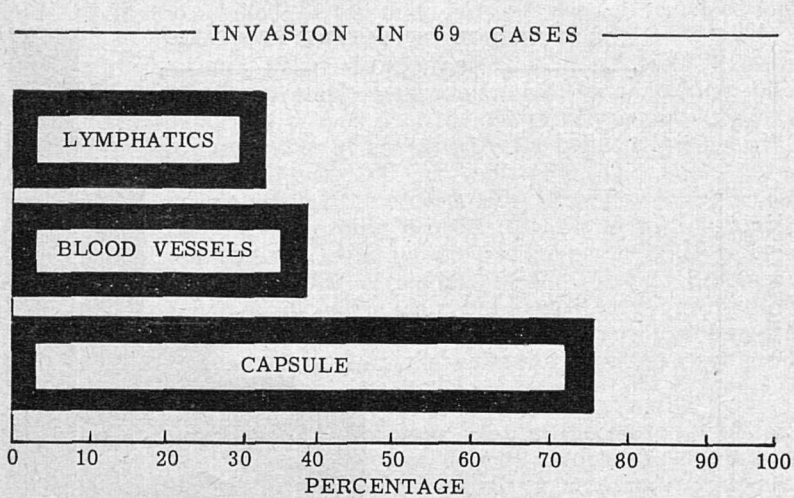
Diagnosis

Clinically the diagnosis is made in the majority of cases on a careful rectal examination. Although this is usually done with the patient in the left lateral position, greater accuracy is achieved in a stooping or knee-elbow position. Acid phosphatase estimations and bone x-rays may be helpful but in the early case are normal. Diagnosis really depends on an accurate histological diagnosis which is difficult

to achieve. Exfoliative cytology is practised in some centres, and a 95 per cent. accuracy is claimed by a few experienced pathologists. Although false positive and negative diagnosis should not occur it is not always possible to be definite on the material examined. There is too, a hypothetical possibility that energetic prostatic massage causes dissemination of malignant cells. (Bamforth 1958.)

Open perineal biopsy is perhaps the most satisfactory way of getting a histological diagnosis in that the whole of the posterior aspect of the prostate can be palpated with accuracy and any suspicious areas investigated. In this respect it is of interest to note that about 45 per cent. of solitary, hard nodules are not carcinomas and this fact

Fig. 2



shows the necessity for accurate diagnosis if radical surgery is contemplated. Needle biopsy is used either through the perineum or anterior rectal wall and is fairly satisfactory but misses some small neoplastic areas. Transurethral biopsy is not likely to be effective in the early case, but is only useful when the urethra is involved. Recently transrectal open biopsy has been used and is apparently effective, and not often complicated by fistula formation.

TREATMENT

Young of Baltimore (1904) conceived perineal prostatectomy for early growths and this operation has been in continuous use since then. Huggins (1941) made the revolutionary discovery that oestrogens could control the majority of carcinomas of the prostate. He found this by accident. While working with dogs he routinely performed castration to produce atrophy of the normal prostate and later found that oestrogens had the same effect. It was not until later that he applied this knowledge to carcinomas of the prostate and found that they react in the same way. This discovery has been of tremendous benefit to the great majority of patients where other methods of treatment have not been possible. In general it may be said that although the prognosis depends on the natural history of individual tumours, about three-

quarters of the patients with carcinoma of the prostate can be benefited by oestrogen therapy although never cured. Radical prostatectomy is possible in a few highly selected cases and will cure some of those who would have died of their disease if not treated (i.e. not latent carcinomas).

Conservative Therapy

Various forms of oestrogens are used, the commonest and cheapest being stilboestrol, in doses varying from 30 to 300 mg. a day. If this drug produces ill effects, such as nausea and anorexia, ethinyl oestradiol (1 mg. is equivalent to 25 mg. stilboestrol) or Tace (chlorotrianisine 3 capsules a day) may be used. A subcutaneous implant of stilboestrol is more convenient than tablets by mouth, but its effect is less certain. The correct dosage of stilboestrol is not known and although feminizing effects and inhibition of urinary androsterone may be produced with a dose as small as 3 mg. a day, there is some evidence that it is not as effective as a larger dose. It is thought that stilboestrol may have a selective specific cytotoxic effect on the cells of the prostate, and if this is so perhaps larger doses are indicated. It is certainly true to say that larger doses do not produce more side effects.

In the United States, orchidectomy is carried out routinely at the beginning of endocrine treatment in most centres, but in this country is rarely done until oestrogens fail to be effective. In America, too, subcapsular orchidectomy as performed in Great Britain is believed to be inadequate. Figure 3 (Nesbit and Baum) shows that oestrogens combined with orchidectomy are apparently more effective than orchidectomy or oestrogens alone.

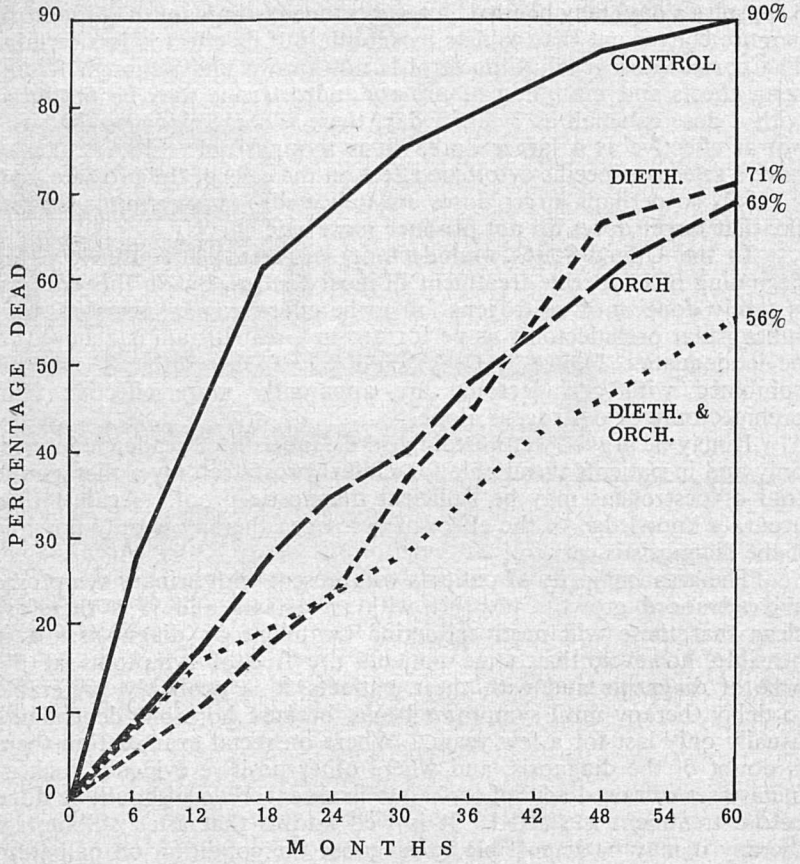
It may be argued that histological diagnosis is of academic interest only and in patients unsuitable for radical prostatectomy a therapeutic trial of oestrogens may be sufficient diagnostic proof. Against this, accurate knowledge of the effect of oestrogen therapy is only possible if the diagnosis is certain.

The great majority of patients will present with urinary symptoms and advanced growths possibly with metastases and it is therefore clear that these will need endocrine treatment on diagnosis. It is possible, however, that some patients are free of symptoms at the time of diagnosis and with these patients it is probably preferable to delay therapy until symptoms begin, because hormone dependants usually only last for a few years. Where on rectal examination there is doubt of the diagnosis, and where other positive evidence such as metastases or raised acid phosphatase is absent, biopsy should be done before treatment is started. It is well known that after stilboestrol therapy it may be impossible to diagnose the condition on palpation alone.

Not all carcinomas of the prostate are endocrine dependent, and sometimes may not be totally unrelieved by oestrogen therapy, In general where the acid phosphatase is raised, oestrogens will be of help and will at the same time depress the acid phosphatase. Hormone independence may be measured by a further rise in the acid phosphatase. Phosphorylated stilboestrols, such as Honvan (diethyl-stilboestroldiphosphate) have recently been introduced in the hope that they may be selectively absorbed by the prostate and therefore be

more effective. Experimentally they are rapidly hydrolysed by prostatic tissue and clinically patients feel a burning pain in the perineum and the site of any bone metastases, when the drug is given intravenously. These drugs are usually given intravenously and are effective when the acid phosphatase is raised, but in those cases which have relapsed after stilboestrol, they do not appear to be very helpful. Many patients with severe urinary symptoms and acute or chronic retention may be relieved with oestrogens alone. However, if obstruction occurs after the patient had been on stilboestrol for any length

Fig. 3



of time, palliative transurethral resection of the prostatic carcinoma should be undertaken. When patients no longer react to stilboestrol, or are resistant to it, other forms of hormone therapy have been tried and are effective in a very few cases. For a reason which is unknown, testosterone may help some patients. In others it produces activation of the growth and pain in bone secondaries. Some of these cases may then be benefited by a return to stilboestrol therapy, or possibly radioactive phosphorus.

Total adrenalectomy and hypophysectomy or destruction of the

pituitary by radio-active isotopes have been used and in a small proportion of cases symptoms are dramatically but temporarily relieved. It has also been found that cortisone or prednisolone (by inhibiting the pituitary), may be helpful. In most of these cases patients have massive bone metastases and their main symptom is pain. The effects of adrenalectomy or hypophysectomy are so uncertain that these operations are probably inadvisable.

Radical Therapy

Radical prostatectomy is only indicated:—

1. When the carcinoma is confined to the prostate on rectal examination ; in fact 46 per cent. of these have already infiltrated the capsule macroscopically. (Jewett 1954.)
2. Where the biopsy is positive (45 per cent. of hard nodules are benign on microscopy).
3. Where there is a fair expectation of life.

In most clinics only about 5 per cent. of the cases fulfil this criteria, although in some specialized centres such as the Brady Institute of the Johns Hopkins, 25 per cent. of the patients are operable. Leadbetter of Boston feels that the fate of a patient with advanced carcinoma of the prostate is so hideous that he extends his indications to many more cases in the hope that he will produce terminal palliation. This reasoning is the same as is used for advanced carcinoma of the rectum today.

Radical operation may be done through the perineum and the prostate approached either in front (Young) or behind (Belt 1939) the external anal sphincter. This operation has a limited exposure and there is danger of damaging the rectum, but with experience it is effective and there is no doubt that combined with biopsy and frozen section it is convenient. A retro-pubic approach (Millin 1947) is probably easier, but does not allow of adequate biopsy, although this can be done. Some Americans use this approach because they argue that if the iliac lymph nodes are examined and found involved, even in the presence of an otherwise operable growth, a valueless operation can be avoided. A perineal approach would not allow of this examination. The results of radical perineal prostatectomy are mainly good if the strict criteria are used and in the Johns Hopkins series there was a ten year survival of 37 per cent. (Jewett 1954), and in Belt's series 34 per cent. (Turner *et al.* 1957). In both groups growths were clinically confined to the prostate. Barnes (1953) collected 31 patients with early carcinomas of the prostate, i.e. those that he would otherwise have treated by radical surgery, and treated them conservatively. Only 22 per cent. of these survived ten years. This compares unfavourably with the surgical series. The complications of radical operation are not to be ignored, especially as one is dealing with a group of patients who are probably free of symptoms. About 10 per cent. of them have permanent incontinence and about 15 per cent. urethral strictures. Operative mortality is in the neighbourhood of 3—4 per cent. and damage to the rectum not uncommon.

Evaluation of Treatment

There is no doubt that hormone therapy is of great benefit to the majority of patients. However, it is still not certain why this is so or

why some growths become hormone independent. It is not known what the best dosage is or how to estimate it and it is not known what is the value of orchidectomy or when to do it.

It is also certain that radical prostatectomy cures a few patients where the diagnosis has been made early in the course of the disease. However, it is impossible to know in the individual case whether a small nodule is going to remain small for the rest of the patient's life or whether it will infiltrate and disseminate. Franks has shown that many carcinomas are latent and do not kill.

In conclusion I would stress that carcinoma of the prostate is a common condition but is often unsuspected. It is one of the few cancers which can be controlled by hormone therapy and in adopting this method of treatment many men are given such relief that they can live out their lives in peace. A few, very few, are amenable to surgery and a high proportion of these are cured.

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Berlin—a Link between East and West*

By ERNST HUND

Like an island by the sea Berlin is surrounded by the Communists who are waiting for an opportunity to devour it. But what is the character of this city divided in two parts in a divided country ? What makes it a city unique in the world ?—It's certainly not the Kurfürstendamm, the show boulevard of West Berlin, that visitors hurry to see.

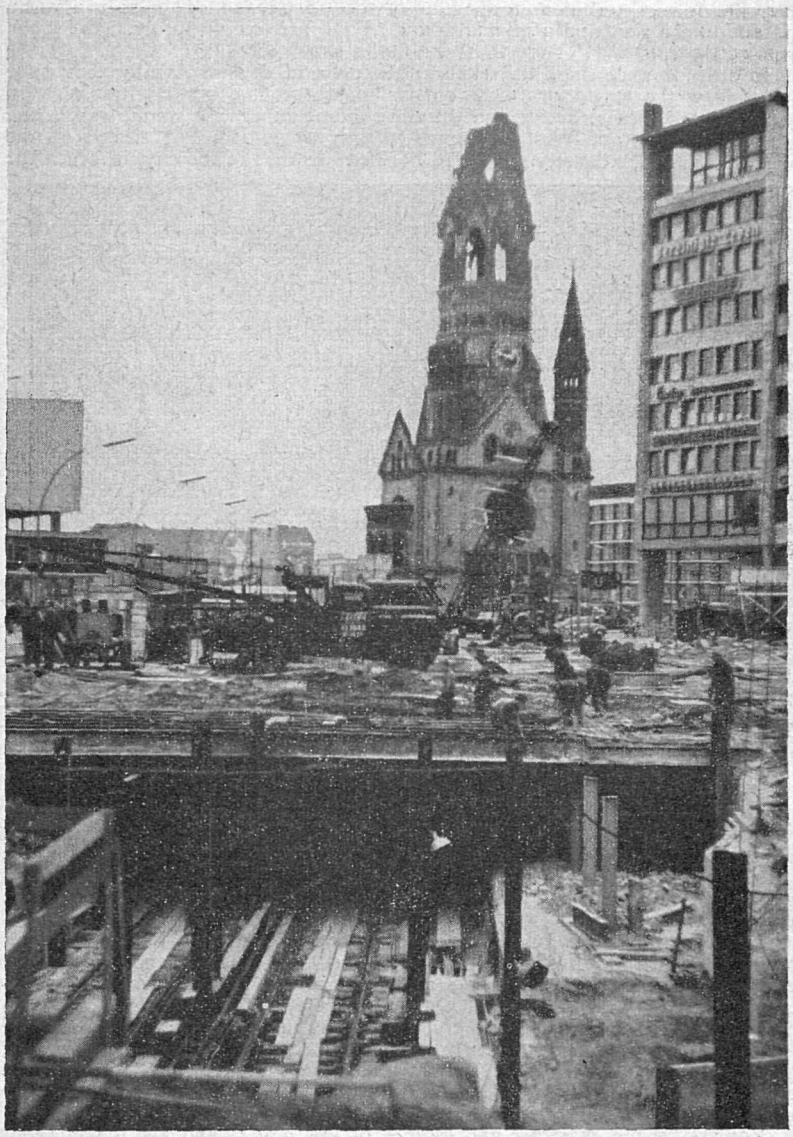
A person wishing to become aware of the real nature of this divided city, looks best for it along its borders. He should turn into the broad avenue, running through Berlin's heart in a west-easterly direction and which in itself represents a characteristic part of Berlin's history. In his forcible city-planning Hitler built it to form the East-West-Axis, a straight arterial road leading from the city to the district of Spandau. Bombs and grenades tore craters into this street in April, 1945, and the avenue served as helicopter-base for the last visitors to the Reich-Chancellery-Bunker. Today it runs through the Tiergarten, a new park sprouting fresh greenery, since the war has robbed it of all its trees.

Finally, in 1953, the street was renamed "Street of June 17", in commemoration of the workers' revolt which surged over its eastern continuation, on the other side of the Brandenburg Gate.

Toward the east, the skeleton of the old Reichstag building towers over the shrubs and the young tree shoots, donated by West-German cities to relandscape the Tiergarten. As a Soviet-enclave on western territory, close to the street's edge, stands the memorial which the Red Army erected to its own honour shortly after the troops had marched into Berlin. A bronze Soviet warrior, flanked by tanks and cannons, at night in the glare of spotlights : it's a monument of unadulterated Moscow architecture. His flesh and blood comrades keeping watch over him are certainly the most exposed, the most frequently stared at, and the most often photographed soldiers of the Red Army, sole specimens of live Soviet citizens on exhibition, to be gazed upon at will by curious globe-trotters of the Western world, on their own territory.

**An article contributed by a student at the Freie Universitat in Berlin, who recently paid a visit to Guy's.*

The Brandenburg Gate, bridging the street on pseudo-classical columns marks the sector border. Beyond it the Eastern world begins. Although the borderline is indicated by signs and border police, devoid of all dramatic accents, there



Photos) *(Ernst Hund*

The Kaiser Wilhelm Gedachtniskirche, left in ruins as a symbol of what war can do to a city. In the foreground a new Underground railway line is under construction.

are neither barricades nor barbed wire. You can quite safely wander back and forth. Nevertheless, the strangeness of this alien world immediately jumps to your eyes. Beyond the Brandenburg Gate the tide of flags and portrait-posters spreads over the deserted "Unter den Linden", Berlin's former promenade. An assortment of red slogans shouts down from the grey facades which they cover.

Where once the castle loomed against the horizon, now the eye can sweep over a razed parade ground as far as the red city hall, the seat of eastern City Administration. Here the reality of the divided city becomes tangible, as at the Potsdamer Platz, the former turbulent traffic-hub of the old city, today become a waste land due to the war, and a no-man's-land at the three-sector-border between the fronts of the cold war. Here the West Berlin world ends.

In order to understand the reality of the division, at least visually, the visitor could follow the length of 162 kilometers of border-line between the Western Sectors and the Soviet Sector and the surrounding zone. He would walk along streets where East and West are separated only by a roadway ; streets on the Western side, in the densely populated northern districts of the city, in which the

The Kurfurstendamm at night

diversity of everyday needs is exhibited in well-stocked shop windows, whereas on the other side, the shutters are closed tight and the windows stare out blindly. In the southern suburbs he would see the zonal border cutting through gardens and fields ; and finally he would come to the Glienicke bridge where barriers delineate the woods along the Havel from the Potsdam suburbs.

Since West Berlin is cut off from its natural background, the sandy Mark Brandenburg, rich in lakes and pine woods, and since the mainland, the Federal Republic, is two hundred kilometers away and can be reached for many West-Berliners only by air, two and half a million people in West Berlin for relaxation at week-ends are bound to the lakes and woods in the Western Sectors. The rush of week-end travellers formerly going to the woods of the mark beyond Potsdam, today bustle in thick crowds along the Wannsee lake, the Krumme Lanke, Schlachtensee and the Havel. Cars push bumper to bumper along the highways, in endless procession toward the outmost brink of West Berlin.

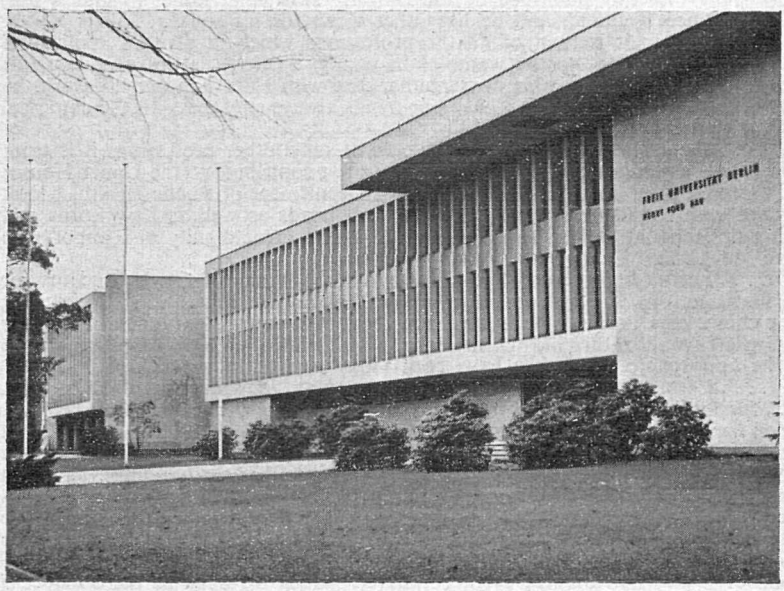
You ask for the character and essence of this city ? and her inhabitants ? That's vitality, courage and witty presence of mind. Due to her vitality Berlin has always had a magnetic attraction for nimble minds; this quality also rendered reconstruction possible after the end of the war, in the face of greater odds than anywhere else. No true picture can be obtained from statistical figures alone, such as the fact that Berlin had to dispose of 75 million cubic meters of rubble, or that one third of the apartments were destroyed. In many places the city looked like stone wastes. The extent of the catastrophe, the dismantling of industry and the freezing of bank accounts through the Soviets, the isolation from the hinterland, and the length of the transportation routes to the West, the blockade

and the division of the city—this multitude of impeding factors at first permitted only a step by step reconstruction.

Berlin's incorporation into American Aid to Europe, in 1950, gave the signal for a generous and accelerated reconstruction programme.

And nowadays, there is no doubt, a great deal of reconstruction has been done. Whole districts are rebuilt in a modern, gay and colourful style and every visitor will be surprised by the architectural resourcefulness with which all this has been achieved and is still going on.

But what is all this for ?—Berliners—and I think, all Germans—have been taught a hard and horrible lesson during the last 50 years. That's why they are well aware of the signs and needs of the time being to preserve a secure future.



The Henry Ford Building of the "Freir Universitat, Berlin".

All groups, the political parties, the protestants and the catholics are working together very well and they believe that the day will come when Berlin and Germany shall be reunited again. Because there can't be peace in its true sense, wherever it may be, without justice, and the problem of the re-unification of Germany—I'm well aware of similar cases in other countries—is not least a question of justice.

It has been recently confirmed again, that the Free University founded in 1948 in West Berlin has not been established to fight Communism but to seek the truth and to grant a real free study independent from any influence by the state. The foundation of the Free University and its history can really stand as an instance demonstrating the item and duty of this divided city in a divided world—*id est :* to give testimony to freedom and all other natural and divine rights of human beings.

And that's what makes Berlin a link or a bridge between East and West, because not only do thousands of people living in the Russian zone look towards Berlin as the last gateway to freedom, but even 17 million in the so called DDR (German Democratic Republic) have a stronger hope in deliberation and reunification as long as West Berlin still exists and speaks for them to the Western world.

And this is one main reason more why the Communists want to extinguish this island they have different times failed to conquer. And, as far as Berliners are concerned, they will always be failing. As somebody said on the first of May, at the May demonstration before the Reichstag building near the Soviet sector, Berliners can be compared with eggs: The more they are boiled the stronger they will become.

Seventy Years Ago

From Guy's Hospital Gazette, 28th September, 1889.

From "On Becoming a Medical, and Especially a Guyite."

(By One Who Did It Last Year)

A certain father, known to the writer, has, just now, like so many other fathers, a son to dispose of. Almost was he persuaded to place his offspring in the fertile soil of Guy's Hospital Medical School, in the hope that a fortune and a baronetcy might be garnered fruit in the future, when he chanced to light upon the "Word of Warning" recently published by the *Lancet*. Now, that father's "soul is sad, and his glance is glum", and he has other views for his son . . . .

. . . . Certain it is that, of all the professions which involve an application of scientific knowledge to the wants of humanity, medicine is the most hopeful; and there are some of us who would rather deal with Nature in our life work, be the reward never so small, than have our minds always engaged with the empirical and the conventional . . . .

. . . . We cannot hope for the privileges of some other professions it is true; unlike the Church and the Bar, Medicine does not contribute to the Upper House; but when we come to have Life Peers and a Department of Public Health, I look forward with confidence to beholding Medical Lords as well as Law Lords and Bishops. Imperial Sanitation is going to attain to great dignity and importance some day . . . .

. . . . Let us hope, then, that all who join the ranks of Guy's Students for the first time this year will forget all about that *Lancet* dirge. . . . . Concerning their choice of a hospital, well, I am not going to descend to argument in favour of Guy's I would rather bid the newcomers wait until they have absorbed a little of the atmosphere, until they have been introduced to the *genius loci* . . . .

. . . . Certain buildings and localities have an individuality of their own, ... for myself I came under the spell of Guy's some years ago, long before I joined the school. *A priori*, from an æsthetic point of view, I might have preferred Bart's, with its cloister-like quiet and exclusiveness, but the spirit of Guy's got hold of me, and I have never since wished for any other surroundings. . . . . In particular I remember one sunny afternoon in the early summer, when patients were being carried into the Park for the first time that year, and red coverlets were dotted about on the grass. The plane trees were waving above *Clinical*, while below their green branches, on the steps of the Colonnade, was a picturesque group of young students (for even the modern young man can be picturesque, if he be far enough away and well grouped). On my right were the medical wards, ugly perhaps but with their grey tints an effective contrast to the scene. Perhaps, to be quite honest about one's æsthetic appreciation of the picture, I ought to add that a group of sisters and lady probationers, with their graceful drapery had just descended from the Colonnade, and were wending their way to the medical wards. I honestly crave pardon for my impertinence, if such it be, but I cannot help here recording my admiration for the graceful way in which the Guy's ladies wear their untrimmed and unadorned dresses. I think perhaps it is to the train that much of the effect is due, which, though somewhat long, one would think, for the sweeping of microbic floors, is of such exactly right proportions artistically . . . .

. . . . But I must not forget that I am supposed to be writing for those about to become Guyites; not for such as already have the flavour. It is not, of course, upon this *genius loci* alone that Guy's depends for its hold upon the students. If I were asked to say what has been the most characteristic thing of all about our school, I should say it was the intensely personal relations which the staff have always cultivated with the students; this is the very fount and origin of the hold which the school has on the minds of the latter, and the reason of our historic and continuous success . . . .

. . . . One way and another, then, the medical man is coming to have so many responsibilities, and at the same time so much criticism, that he is justified in walking about with a little of what the French call *tête montée;* and this is an attitude which we commend to the new First Year's Men. To have a "guid conceit" of one's profession is the best of all things to start with.

CORRESPONDENCE

Letter to the Editor of the Gazette

Dyspnoea

SIR,—I would like to congratulate Mr. T. J. H. Clark on his excellent paper on "Dyspnœa" (*G.H.G.* 26/9/59), but at the same time to beg him to reconsider the conclusions reached in his opening paragraphs.

"Dyspnœa" needs no definition, only translation. If Mr. Clark doubts his ability to recognize "difficult breathing" in the unconscious patient, he should ask an anæsthetist to show him a case of so-called "Prostigmine resistant curarization." There have been many theoretical suggestions as to the possible factors responsible for the "difficult breathing" which characterizes this striking clinical syndrome, the least likely of which, in my opinion, is prostigmine resistant curarization. Mr. Clark may become fascinated by the degree of frequency with which this condition follows the use of controlled positive pressure respiration in patients on the verge of circulatory failure and pulmonary congestion. He may, by accepting "dyspnœa" as a sign as well as a symptom, find that a whole new field of "pulmonary stretch receptor" investigation is open to him. The resultant benefit to both anæsthesia and experimental physiology, which forms the very basis of clinical medicine, might well be enormous.

Yours etc.,

MICHAEL COPLANS,
Consultant Anaesthetist.

Querencia,
Highfield Road,
Chislehurst, Kent.

Guy's Science Club

SIR,—Newly-appointed and other members of the Teaching and Research Staffs of the Hospital and Schools are cordially invited to attend the meetings of the Guy's Science Club. Each term two or three meetings are held on Wednesdays at 4.45 p.m. in the Staff Common Room, by kind permission of the Dean. Tea is served at 4.30 p.m. and the proceedings are rounded off by 6 p.m.

The first meeting of the new session will be on Wednesday, 21st October, when Squadron Leader J. Ernsting, O.B.E., R.A.F., will discuss "Anoxia and Its Prevention at Altitudes greater than 40,000 ft."

The second meeting will be held on Wednesday, 11th November, when Dr. C. A. Clarke will discuss "The Evolution of Mimicry in Swallowtail Butterflies".

Notice of future meetings will be given in the Guy's Diary and on notice boards about the Hospital.

Yours etc.,

C. P. WENDELL-SMITH,
Hon Secretary, Guy's Science Club.

Anatomy Department,
Guy's Hospital Medical School, S.E.1.

The Dental Ball

SIR,—I should like to take advantage of your pages to announce the details of the forthcoming Dental Society Annual Ball. This year it is being held in the new ballroom of Quaglino's, Bury Street, St. James, on Friday, 20th November. Application forms are available in this issue of the *Gazette*.

Yours etc.,

P. G. DAVIES,
Hon. Ball Secretary.

The Dental Society,
Guy's Hospital, S.E.1.

Noise

SIR,—Since I mooted the formation of the Noise Abatement Society I have received thousands of poignant letters from all parts, and I sympathize deeply with those who suffer agonies through noise . . . and just can't get away from it.

Noise is ugly, wasteful, unintelligent. Noise is a killer and is responsible for thousands of entries into mental hospitals.

On behalf of millions of sufferers, I appeal to Those About To Make A Noise . . . . DON'T ! The sacrifice will make you feel good and happy.

The Noise Menace CAN and MUST be stamped out, and I invite sufferers and sympathizers to unite in a great NATIONAL ANTI-NOISE CAMPAIGN.

We want to establish an Action Branch with a local President in every town and village in the country. Everybody who is willing to help in any way, please write to me at once. As this is a voluntary effort, a stamped addressed envelope will be appreciated.

Yours etc.,

JOHN CONNELL,
Hon. Secretary.

Noise Abatement Society,
6, Old Bond Street,
London, W.1.

MEDICOS LOOK AT . . . .

The death of Sir Jacob Epstein on the 21st August, 1959, meant that at least for one day all the newspapers showed pictures of many of his works. Even the *Daily Mirror* gave him a two-page spread in its centre. It may be argued that the *Mirror* was prompted by the same motives as the Blackpool showman who bought two of his statues, "Genesis" and "Adam" in order to show them as freaks at sixpence a look. At the same time it may be pointed out that all the "top people" were shown even more examples of his work on the back page of the *Times*. Epstein must have been an extraordinary artist in that he was abused and accepted at one and the same time for a large part of his life. That he was accepted is shown by his work for the Government (the statue of Smuts in Parliament Square), the Trades' Union Council (the new T.U.C. building has a large work of Epstein in the main court of the building) and Royalty (one of his last works was a bronze sculpture of Princess Margaret). In spite of this his "Ecce Homo" purchased for Selby Abbey was during the past year refused by its parishioners.

How much of Epstein's work can one see in London ? The list is incredibly long, perhaps longer than that of any other modern sculptor. One may start in the Tate Gallery where his two best works are the life-size statues "The Visitation" and "Madonna and Child" (both 1927). In this gallery there are at least another twelve bronzes including heads of Einstein and Somerset Maugham, and a bronze bust of "Esther". It is not very far to the London Transport headquarters in Broadway near the Green Park Underground Station, where two groups "Day" and "Night" decorate the base of the building. These are stone carvings set in the walls. On the way one can see the Smuts memorial in Parliament Square and the bust of Blake in Westminster Abbey.

In Hyde Park there is the memorial to W. H. Hudson, the naturalist, near the bird sanctuary. This is called "Rima" after the character in the book written by Hudson. From there one can go to Cavendish Square to see on the north side, east of Harley Street, as if floating on air, what many people regard as his finest work "Madonna and Child", erected on the buildings of the Convent of the Holy Child Jesus.

Probably the next work to be seen on this tour is the group in the new Trades' Union Congress headquarters, a memorial to trade unionists who died in the two World wars; and a visit to the British Museum next door enables one to see the head of George Bernard Shaw, A walk to the Strand brings one to Rhodesia House, where the broken remains of some of the original eighteen figures which decorated the former headquarters of the British Medical Association can be

seen. When in St. Paul's, there is the bust of Sir Stafford Cripps, and in the Arts Council, St. James' Square, the head of Vaughan Williams.

Even from this list it appears that Epstein's work falls mainly into two groups, his bronze heads, busts and statues which reveal his tremendous ability to get the character of his subject into the face and figure, and the large carved works in marble, stone or metal. As examples of the former, there are the brainy, quizzical look about Einstein's head, the rugged, down-to-earth expression on Vaughan Williams' face and the martial, forward-looking atmosphere of Smuts' head and body. The bronze heads and busts of his models and children are among the most attractive of his works; the innocence of the children and the beauty of the women are very striking.

His large sculptures, however, brought his name before the public much more frequently, mainly because they seemed to be primitive, nude portrayals of what in many cases were religious subjects. Many thought they were almost blasphemous. The writer recalls the reaction to "Adam" and the way in which respectable, middle-class women would only look at it from the side, although procreation and Adam seem to be closely allied subjects. No one, however, can deny the atmosphere of death just awakening into life in his "Lazarus" or the message of the child in the "Madonna and Child" on the Convent of the Holy Child Jesus, "Come unto me . . . .". Some people object to the protruding eyes and thick lips of the faces of his figures but he worked during a period when Western artists were influenced a great deal by the primitive art of Africa. Epstein obviously had this in mind and in addition he may not have been entirely unconscious of his own features.

For a time he appeared to have been attracted by a more abstract type of work—"The Rock Drill" and "Mother and Child" are both examples of this. In the main, however, it was people who interested him, their creation and growth and what they finally became. Posterity will look at his bronze heads and busts and will know not only what Churchill, Shaw, Haile Selassie, Tagore, Williams, Lord Fisher, Cunninghame Graham, Conrad, Menuhin, Maisky, and others looked like but also what sort of men they were.

Squash—Prospect and Retrospect

Last season the Hospital relinquished its traditional dominance of London University Squash by losing the University trophy and both inter-hospital cups to St. Mary's.

The Hospital record was not as dismal as at first appears, for the finals of both inter-hospital cups were reached, the Senior being lost by the narrowest possible margin—the last point of the last game. In 1954, Guy's was the first Hospital to reach the 1st Division of the Cumberland Cup, a competition open to all clubs in the London area. Since the departure of Lam, Lyon and others, the competition of such top-people clubs as Paddington and Wimbledon has been overpowering: last season Guy's was relegated to the second of the five divisions. The standard of Division II should produce closer matches; Guy's should be able to keep there until ready for promotion again.

This season there is a shortage of the high class players which the Hospital has had since the war. Fortunately, Gazdar, the University Captain, will be here for at least two more seasons, whilst Hall and Blake made great improvements last year. Meadow and Sievers are still available, together with a number of last year's "A" team.

There is a big fixture list for two teams. More players are needed who will play regularly, or even occasionally for the "A" team (which does receive some splendid hospitality on its away matches). A professional coach has been engaged for the first six weeks of term. He is for beginners or experts, men or women, Tories or Socialists; details are on the squash notice board.

The lighting of the courts has been renewed, the walls cleaned, and the Secretary shaved: the season is about to begin. There is every hope that the St. Mary's take-over bid will prove as fallacious as those of Mr. Jasper.

R.M.

NOTICE

MENTAL HEALTH RESEARCH FUND

Student Prizes and Travelling Fellowship in Psychiatry

The Mental Health Research Fund awards annually to Medical Students and Doctors in their Pre-Registration Year three Monetary Prizes and a Travelling Fellowship as the result of an essay competition on a subject relating to mental health, and a subsequent interview.

Applicants gaining the top three places in the essay competition will be given prizes of £100, £50 and £25 respectively.

The Travelling Fellowship, tenable in a Psychiatric or other Department abroad for up to six months, will be awarded as the result of an interview combined with consideration of the candidate's undergraduate record. Persons interviewed will be chosen from the top ten in the essay competition. The travelling fellowship will normally be taken up at the end of the pre-registration year or, in the event of it being awarded to a medical student, may be taken up after qualification.

The subject for the essay this year is "*Discuss the Role that Age Plays in the Genesis of Psychiatric and Psychosomatic Disease.*"

The Panel of Examiners consists of two members of the Research Committee of the Mental Health Research Fund and one member of the Association of Teachers of Psychiatry in Undergraduate Medical Schools.

Essays should be sent, before 1st March, 1960, to the Secretary, Research Committee, Mental Health Research Fund, 39 Queen Anne Street, London, W.1. (Tel. WELbeck 1272), from whom further details may be obtained.

In Abbreviatione Nulla Salus

From a letter from Dr. Kevin Anderson, in Adelaide, S. Australia

. . . . I might mention the following delightful triviality which you may care to use to fill a corner in some number of the *Gazette*. I came across it whilst marking laboratory technicians' examination papers. In a question on diphtheria, a candidate endeavoured to explain the guinea pig virulence test as follows:—

"The virility test is performed by shaving the hair off the stomach of a G.P. . . . . "

SPORT

CRICKET

INTER-HOSPITALS' CUP FINAL

Guy's v. St. Bartholomew's

At Hornsey 9th, 10th, 11th September, 1959

Result—Won by 8 wickets

Shortly before 11.30 on a very fine sunny morning G. Bury (Guy's) and J. A. Harvey (St. Bart's.) tossed up. The pitch and outfield were very dry from the hot summer and gave the impression that the pitch would remain true all three days, weather permitting. Harvey won the toss and elected to bat.

Davies, the Bart's. opener, began hitting the ball hard and firmly and one felt at this early stage that three days was going to be too short. However, both Dyde and Leigh-Brown attacked the stumps for the most part, and thanks to their persistent accuracy and some rather half-hearted shots by the batsmen, wickets toppled unexpectedly, regularly and cheaply, and by 12.30 the scoreboard read 41-7. At this point Harvey and Stoodley were brought together and neither Dyde nor Leigh-Brown could part them. Bury brought Gibson and Cook on to buy them out and indeed they were, eventually, for quite a high price. Leigh-Brown and Cook closed their innings for 188 at 3.15 p.m., a fair achievement in view of the lack of life in the wicket.

Guy's started badly, losing Pagliero on the first ball, and Gibson was soon to follow. It was evident at this stage that the occasional ball was inclined to keep low, but Cook and Juniper, both strong players off the front foot, dealt adequately with this situation. It wasn't until 5.50 p.m. that Juniper fell for 42 after a fine stand of 105 that lasted 100 minutes. Dyde joined Cook, adding a sprightly 19 before he was bowled Huins was cheaply dismissed at 6.10 and Myall played out time with Cook, leaving the score at 170-5. On the second day Myall fell cheaply, but Bury added a very valuable, stubborn 15, during which time Cook added 70 to his score and had achieved a chanceless century. Sievers and Tanner were dismissed soon, and Cook, last out, eventually succumbed to a ball that kept low, having made 177 memorable runs. It was this excellent innings that had started to pave our way to victory. We were now 129 runs ahead.

Bart's batted after lunch on the second day and seemed in no way concerned. Despite steady opening bowling 48 runs were on the board with no loss. Dyde, who was the more accurate, eventually dismissed No's 2-5 cheaply, while Gibson, who was bowling more accurately than in the first innings, dismissed Davies who was batting very strongly indeed. At tea the score was 103-6 and Harvey and Stoodley were together again. After tea, Cook and Gibson bowled. Cook bowled very accurately; he had 13 maidens in 25 overs, which speaks for itself. Gibson, though more expensive, constantly made the batsmen play and miss and was unluckly that his analysis did not portray his fine performance. The same tail-end resistance was met and their innings closed for 220, of which their skipper Harvey had made an undefeated 68, at 12.30 p.m. on the third day.

Guy's were left 92 to win in 5 hours. Pagliero was cheaply dismissed but Juniper and Gibson came together hitting the ball hard and firmly. Gibson was unfortunately out l.b.w. just before victory was achieved and Cook and Juniper scored the necessary runs just before lunch. Thus Guy's won by 8 wickets.

All through the game Guy's fielding was splendid but particular credit should go to Myall at mid-off, Gibson at cover, and Sievers behind the stumps.

Guy's Cricket Club thank all the supporters that came along to see the game.

St. Bart's.—1st Innings

J. Davies, b. Dyde	14
W. Pagan, ct. Dyde, b. Leigh-Brown	0
C. Juniper, b. Leigh-Brown	4
A. Warr, b. Dyde	16
H. Walker, b. Leigh-Brown	7
A. Whitworth, l.b.w. Leigh-Brown	0
J. Harvey, ct. Bury, b. Cook	57
D. Abell, b. Leigh-Brown	0
B. Shoodley, c. and b. Leigh-Brown	48
R. Merry, b. Cook	32
A. Garrod, not out	0
Extras	10
	188

Bowling:

Dyde	18	3	46	2
Leigh-Brown	15	6	39	6
Gibson	8	1	42	0
Cook	12.3	4	43	2
Tanner	2	0	8	0

2nd Innings

J. Davies, b. Gibson	53
W. Pagan, ct. Pagliero, b. Dyde	15
C. Juniper, b. Dyde	0
A. Warr, ct. Juniper, b. Dyde	12
H. Walker, b. Dyde	0
H. Walker, b. Dyde	0
A. Whitworth, ct. Sievers, b. Leigh-Brown	3
J. Harvey, not out	68
D. Abell, b. Dyde	4
B. Shoodley, l.b.w. Cook	16
R. Merry, ct. Sievers, b. Cook	33
A. Garrod, l.b.w. Cook	0
Extras	19
	220

Bowlind:

Dyde	22	8	37	5
Leigh-Brown	20	3	54	1
Gibson	25.4	13	38	3
Cook	26	5	65	1
Tanner	3	3	0	0

Guy's—1st Innings

M. Pagliero, ct. Harvey, b. Shoodley	0
R. Juniper, b. Abell	42
I. Gibson, b. Whitworth	7
G. Cook, b. Whitworth	177
J. Dyde, b. Harvey	19
T. Huins, b. Shoodley	0
R. Myall, ct. Warr, b. Whitworth	5
G. Bury, b. Walker	15
P. Sievers, c. and b. Abell	3
R. Tanner, l.b.w. Whitworth	5
A. Leigh-Brown, not out	4
Extras	40
	317

Bowling:

Shoodley	27	4	108	2
Garrod	2	1	5	0
Whitworth	22.1	1	78	4
Harvey	12	2	35	1
Abell	13	2	26	2
Walker	7	1	28	1

2nd Innings

M. Pagliero, l.b.w. Whitworth	6
R. Juniper, not out	39
I. Gibson, l.b.w. Abell	28
G. Cook, not out	4
Extras	18
Total for 2 wickets	94

Bowling:

Shoodley	3	0	18	0
Whitworth	4	0	28	1
Abell	44	0	22	1
Walker	2	0	6	0
Juniper	1	0	3	0

INTER-HOSPITALS' JUNIOR CUP FINAL

Guy's v. St. Mary's

At Crofton Park 17th September, 1959

Result—Guy's lost by one wicket

The final of the Junior Cup was played against St. Mary's on the Crofton Park ground at Honor Oak Park, on 17th September. Guy's won the toss and batted first with Trayling and Ribiero opening on a firm dry wicket. A useful start of 43 was made before Trayling was bowled. Ribiero's wicket fell two runs later when, having made a brisk 43, he was brilliantly caught by the St. Mary's wicket-keeper. The following two batsmen, Roberts and Warren, took the score to 123 before Roberts, after a delightful and very safe innings, was bowled. In his 51, made at roughly a run a minute, he scored eleven fours. Warren was joined by Landers who was soon unfortunately bowled by a very awkward ball for which the bowler later apologized. Warren was out l.b.w. not long after, having scored a valuable 38 including eight fours. With the score now at 144 for five Guy's batting then deteriorated and the innings ended, after two unfortunate run outs, with a total of 162.

The St. Mary's innings started badly for them, Trevelyan taking two quick wickets for 10 runs. However, their fourth and fifth batsmen, Thomas and Black, both batted extremely well scoring 36 and 67 respectively. Black was eventually caught by Bates at mid-on who stopped a very powerful drive. At this stage the score was 139 for five wickets and it became apparent that there would be a tense

finish. Barker was making the ball turn considerably and causing much trouble to the St. Mary's batsmen. He claimed the next three wickets and with one run out the score stood at 154 for 9 wickets. St. Mary's, however, eventually passed the Guy's total thus ending an exciting and enjoyable game.

Thanks must go to Mr. Kirby for preparing such a good wicket at such a date when rugby posts were already up. Guy's 2nd XI in fact played their last match on 4th July, and a certain rustiness was evident particularly in their fielding. It was also unfortunate that, because the game was played out of term time, some difficulty was found in raising a team.

Guy's

Trayling, b. Hayward	2
Ribiero, ct. Kirk, b. Horan	43
Roberts, b. Horan	51
Warren, l.b.w. Lynch	38
Landers, b. Horan	2
Beales, ct. sub., b. Lynch	2
Trayfoot, l.b.w. Horan	4
Bates, run out	11
Nicklin, run out	14
Trevelyan, run out	1
Barker, not out	0
Extras	10
	162

Bowling:

Horan, 5 for 51
Lynch, 2 for 25

St. Mary's

Total for 9 wickets 163

Guy's Bowling:

Trevelyan	13	1	56	3
Barker	9	4	27	4

RUGBY

Guy's v. Blackheath

At H.O.P. 26th September, 1959

Result—Lost 22-0

The match against Blackheath proved a hard test for Guy's and although the score might indicate otherwise the Hospital side acquitted itself satisfactorily.

Blackheath are undoubtedly one of the strongest London clubs this season as was shown in their mid-week match against Wasps whom they beat 23-0. They fielded a full-strength side against Guy's which included ten county players and an Australian international, their captain N. McL. Hughes. Guy's on the other hand were without their captain Blackwell who had been injured the previous Saturday, and also Thomas and Baker. Ribiero substituted on the right wing and Hawley made a welcome appearance in the centre.

Guy's attacked from the kick-off and Myall was unlucky with a penalty that hit the cross-bar. The power and penetration of the Blackheath back-line was seen when they scored a copybook try, Clark, an extremely able full-back coming up to make the extra man.

Although Nicholas found a good touch following a short penalty the Blackheath forwards regained the lost ground and from a scrum on the Guy's try-line their back row scored. The conversion failed.

The Guy's pack were managing to hold the much heavier Blackheath pack in the tight but it was apparent that much of the fire was being taken out of them. They could not hold the Blackheath forwards in the loose and the latter were always on the ball and backing each other up. In spite of this some good tackling particularly by Harris and English effectively blocked several break throughs.

The Guy's backs did not see so much of the ball as their opponents; nevertheless Biggs fastening on to the loose ball made several penetrating runs.

At this stage Guy's produced a good three-quarter movement with Hawley making a fine break. His inside pass was, however, fumbled. Biggs once again featured in an attacking move. Blackheath were then awarded a penalty for obstruction which was successfully taken. Fine tackling by the Guy's backs ably supported by some good covering and touch-kicking by Lloyd-Edwards prevented a further score before the half-time whisthe.

From the start of the second half Blackheath kept Guy's in their own 25 and were rewarded with a push-over try.

Guy's made a number of sallies into the Blackheath half but the redoubtable Clark always seemed to be in the right position to foil these and more than make up the lost ground.

An unfortunate collapse of the scrum found Patterson at the bottom with an injured back but determined to play on. Almost immediately the spectators were greeted with the sight of Nicholas with a deep gash on the temple from which blood poured freely. During his absence Blackheath continued to press and their fly-half cut through for a try.

Guy's, however, were by no means beaten and returned to the attack rallied by a bandaged Nicholas who resembled General Geronimo marshalling his troops. A further penalty kick by Myall amazingly hit the cross-bar. During the dying minutes of the game Guy's did everything but score.

This was a hard fast game Blackheath had been prevented from getting into their stride by a good Guy's defence, so much so that they stopped using an attacking three-quarter line-up in the second half. The Guy's forwards had all they could contend with to hold the much heavier Blackheath pack in the tight They were therefore unable to obtain possession of the ball in the loose to allow the three-quarters sufficient scoring chances. Guy's did not perhaps make full use of their opportunities from the line-outs to open the game up and bring the three-quarters into the attack.

Team: R W. T. Myall; M. Ribiero, R. T. Hawley, J. Leyshon, D. J. Biggs; J. R. D. Nicholas (capt), N. F. Boyd; R. J. Parker, W. M. Patterson, A. C. Knight, J. Gritton, P. W. R. Harris, T. English, D. R. A. Lloyd-Edwards, J. D. Bryant.

GOLF

Inter-Hospitals' Golf Cup

Guy's v. Royal Dental Hospital (semi-final)

Played on Thursday, 1st October, 1959, at Croham Hurst.

Guy's won 4-1 and were represented by :

D. M. Holmes.
K. G. Richards.
M. Brummitt.
P. Sievers.
R. J. Cockerill (Capt.).

SWIMMING

London Inter-Hospitals' Physiotherapy Gala

The Physiotherapy Swimming Gala was held on Wednesday, 23rd September, at Merlin Street Baths, Finsbury.

Guy's Hospital were winners of the Gala for the second year running and were awarded the Angove Cup.

Results

1st Guy's Hospital, 22 points.
2nd National Institute for the Blind, 20 points.
3rd St. Mary's, Hospital, 16 points.

In the interval there was a rhythmic display of swimming by 12 students from Guy's Physiotherapy School.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of **Dental Surgery Assistant** in the **Staff Dental Service**, duties to commence on 28th December, 1959.

Applications should be lodged with the Superintendent, Guy's Hospital, S.E.1, not later than **31st October 1959**, giving details of age, training and previous experience.

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing on 1st December, 1959. The unit, which is housed in Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by **24th October, 1959**, to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

GUY'S HOSPITAL DENTAL SCHOOL

Commencing 30th November, 1959, a course in Conservative Dentistry primarily for F.D.S. candidates will be held at Guy's Hospital Dental School. The course will consist of 2 weekly sessions, from 6.0 p.m. to 8.0 p.m. on Mondays and Wednesdays, for a period of three weeks. Fee £10.10.0 Further particulars and forms of application, which should be returned as soon as possible and not later than the 14th November, may be obtained from the Dean, Guy's Hospital Dental School, S.E.1.

HOUSE APPOINTMENTS

1st December, 1959

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on 1st December, 1959.

Assistant House Surgeons (*Pre-Registration*) 3
The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*PreRegistration*) 3
The appointment will be for six months the first three months to be spent as A.H.P. During the second three months of the appointment candidates will move to the post of Casualty Officer (Medical) or will remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Casualty Officers (*Pre-Registration*) 5

House Surgeons (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*)
(1 *Pre or Post-Registration*) 2

Resident Obstetrician (1 *Post-Registration*)
(to commence on 1.1.60) 1

Throat and Ear and Ophthalmic House Surgeon
(*Pre-Registration*) 1
(3 months at Guy's Hospital followed by 3 months at New Cross Hospital for E.N.T. duties only).

Children's House Physician 1
(*Pre-Registration*)
(Second 6 months candidates only)

House Physician to the Department of Experimental Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) .. 1

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital (*Pre-Registration*) 2

Genito-Urinary House Surgeon 1
(*Pre-Registration*)
(Second 6 months candidates only).

House Surgeon to the Thoracic Unit 1
(*Pre or Post-Registration*)

Children's House Surgeon at the Evelina Hospital (*Pre-Registration*) 1

R.M.O.s Nuffield House 2
(1 to commence 1.12.59)
(1 commencing 1. 1.60)

Resident Anaesthetists 2
1 *Post-Registration* (Guy's)
1 S.H.O. (New Cross)

The Medical Committee will also consider applications for posts at outer hospitals as follows :—

HITHER GREEN HOSPITAL
House Physician (*Pre-Registration*) .. 1
(to commence on 27.12.59)

JOYCE GREEN HOSPITAL
House Surgeon (*Pre-Registration*) .. 1
(General Surgery)

ST. JOHN'S HOSPITAL, LEWISHAM
House Surgeon (General Surgery and Gynaecology). (*Pre-Registration*) .. 1
(preferably second 6 months candidates)

NEW CROSS HOSPITAL
House Physician (*Pre-Registration*) .. 1
House Surgeon (General Duties). (*Pre-Registration*) 1

ORPINGTON HOSPITAL
House Surgeon (General Duties with E.N.T.). (*Pre-Registration*) 1
House Surgeon (General Duties with Ophthalmology). (*Pre-Registration*) .. 1
House Surgeon (General Duties with Physical Medicine). (*Pre-Registration*) 1

PEMBURY HOSPITAL
House Surgeon (*Pre-Registration*) 1
House Surgeon (Orthopaedic). (*Pre-Registration*) 1

QUEEN MARY'S HOSPITAL, SIDCUP
House Surgeon (*Pre-Registration*) 1

LEWISHAM HOSPITAL
House Physician (*Pre-Registration*) .. 1

ST. OLAVE'S HOSPITAL
House Surgeons (*Pre-Registration*) .. 3

SEAMEN'S HOSPITAL, GREENWICH
House Surgeon (*Pre-Registration*) .. 1

Applications, giving choice of post and choice of hospital, in order of preference, should be lodged in the Superintendent's Office not later than **Saturday, 31st October, 1959.** Candidates

who apply for appointments at Guy's as Assistant House Surgeons Assistant House Physicians, House Surgeon or House Physicians should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES

Pre-Registration candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time in order to avoid delay in obtaining a post. A number of recognized posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only and not a Medical post.

UNIVERSITY OF LONDON

Representatives on the Schools of the University Guy's Hospital Medical School: Dr. E. R. Cullinan, M.D., F.R.C.P., and Dr. J. Forest Smith, F.R.C.P., M.R.C.S.

St. George's Hospital Medical School: Mr. E. G. Slesinger, M.S., F.R.C.S.

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Second Examination
September, 1959

E. W. H. Browne
P. A. Chamberlain
N. G. Clarke
R. E. C. Hayman
M. J. Iles
E. A. L. Jones
D. A. Leighton-Goodall
J. J. Ostrowski
W. R. Phang
J. F. Sharp
W. T. Sholl
N. Stamp
K. A. Sutcliffe
W. T. Treadwell
J. R. T. Warren
R. V. Westlake
J. R. White

ENTRY OF STUDENTS

October, 1959

MEDICAL SCHOOL

1st Year

M. D. Ahern	Ampleforth College
W. V. Annan	Cornwall Technical College
J. S. Batchelor	Haileybury and Imperial Services College
W. A. K. Burke	Newtown School, Waterford, Ireland
P. D. Davies	Ardwyn Grammar School, Aberystwyth
L. D. Edwards	Douai School.
P. H. R. Gill	Bury Grammar School
A. J. Hazzard	Bishops Stortford College
N. J. Healey	Epsom College
Q. Jamil	Hele's School, Exeter
C. D. G. Johnson	Michaelhouse, Natal, South Africa
J. R. Kells	Beaumont College
A. M. B. Khalifa	Aden College
J. T. Laurenson	Eton College
L. Levinsky	Grey College, Bloemfontein and the University of Cape Town
B. J. Mason	Palmer's School, Grays
S. Mohammed	College of St. Phillip and St. James, Trinidad and Westminster College of Commerce
P. K. Monks	Epsom College
G. G. Parfitt	King Edward's Grammar School, Aston
T. N. D. Peet	Bedford School
A. E. Raynes	Bury Grammar School
Miss P. V. Rountree	The Mount School, York
P. J. Rowe	Felsted School, Essex
P. Sheridan	Thornleigh Salesian College, Bolton
G. Smith	Doncaster Grammar School
P. C. Smith	King Edward VI Grammar School, Southampton
I. A. Sutherland	Bloxham School, Banbury
M. Thomson	Framlingham College, Suffolk
Miss M. Williams	West Cornwall School, Penzance

2nd Year

J. A. Aribarg	St. John's College, Southsea
Miss I. C. Askay	Worthing High School
B. W. Brenner	St. Lawrence College, Ramsgate
J. T. S. Brown	Dulwich College
D. J. Browning	Lewes County Grammar School
D. L. Carle	Westcliff High School, Essex
A. K. S. Cheng	St. John's College, Southsea
Miss S. M. Coggins	The Royal Naval School, Haslemere
P. J. R. Cox	Wellington College
J. A. Cutting	Gilbert Rennie School, Lusaka, Northern Rhodesia
A. Dowlatdad	Concord Tutorial College, Tunbridge Wells
R. E. Dziewanowski	North-East Essex Technical College
R. A. J. Eady	Downside School
Miss P. N. Field	Queen Anne's School, Caversham
R. Gilkes	Leighton Park School, Reading
Miss C. G. E. Gladstone	Hertfordshire and Essex High School
J. D. Goddard	Banbury Grammar School
R. J. Hart	Exeter School
C. I. P. Havers	Haileybury and Imperial Service College
P. T. Hewlett	Dulwich College
B. H. Hicks	St. Brendan's College, Bristol
M. J. Hoyle	Whitgift School
K. B. Hughes	Rutlish School, Merton, Surrey
Miss I. B. Jensen	The Abbey School, Reading
T. B. W. Johnson	Repton School
T. N. Jones	Cathays High School, Cardiff
J. Lambourn	Hitchin Grammar School
Miss J. S. Lawrence	Dartford Grammar School
Miss S. Lo	Roedean School
Miss S. A. Marshall	Wycombe Abbey School, Bucks.
R. G. May	St. Alban's School
M. D. Middleton	University of Witwatersrand and University of Edinburgh
D. G. Nancekievill	Rossall School Fleetwood

A. B. O. O. Oyediran	King's College, Lagos, Nigeria
Miss E. A. Pepper	The Lady Eleanor Holles School
I. Reekie	Mill Hill School
C. R. Sanderson	Sir William Turner's School, Redcar
J. P. Saunders	Westcliff High School, Essex
K. F. Standage	Dulwich College
B. T. B. Taylor	Palmer's School, Grays
G. I. Tennekoon	St. Thomas' College, Ceylon and Davies, Laing & Dick Ltd. Tutors
R. P. D. Toone	King's School, Worcester
F. E. Willmott	The Henry Mellish Grammar School, Bulwell, Notts.

DENTAL SCHOOL

1st Year B.D.S. Students

Balean, D. M.	King's School, Rochester
Barnes, D. J. C.	Tonbridge School, Kent
Beaton, Valerie J.	The High School, Stamford, Lincs.
Bennett, J. C.	West Buckland School, Nr. Barnstaple, Devon.
Bligh, C. H.	Caterham School, Surrey
Brook A. H.	Queen Elizabeth's, Barnet, Herts.
Collinson, P. F. G.	Stowe School, Buckingham
Davey, R. F.	Worksop College, Worksop, Notts.
Fisher, A. R.	Sherborne School, Dorset
Harrison, T. L.	Strathallan School, Forgandenny, Perthshire
Hawes, C. D.	County Grammar School, for Boys, Woking Surrey
Hunt, R. S.	High Storrs Grammar School for Boys, Sheffield, 11
Lettingdon, E. D.	Malvern College, Malvern, Worcs.
Merrifield, F. W.	The Grammar School, Maidstone, Kent
Morris, R. L.	Downside School, Stratton-on-the-Fosse, Nr. Bath
Munro, A. D. C.	Fettes College, Edinburgh
Myers, Jennifer J.	The Mount School, York
O'Connor, H. W. D.	Sherborne School, Dorset
Pearce, M. O.	St. Benedict's School, Ealing, London, W.5
Purnell, M. J. C.	Bedford School, Bedford
Pyne, Margaret E.	The Godolphin and Latymer School, Hammersmith, W.6
Robinson, J. V. B.	Marlborough College, Wilts.
Sherwin, P. W.	County Grammar School for Boys, Mitcham, Surrey
Thorpe, R. J.	Culford School, Bury St. Edmund's, Suffolk
Titley, F. M.	Tettenham College, Staffordshire
Whitworth, J. H.	Ampleforth College, Yorkshire
Warden, C. S.	Epsom College, Surrey

2nd Year B.D.S. Students

Atkins, J. M.	King's School, Canterbury
Bishop, A. J.	King Edward VI Grammar School, Stourbridge, Worcs.
Drage, W. J.	Colfe's Grammar School Lewisham, London, S.E.13
Dunstan, P. A.	The Friends' School, Saffron Walden, Essex
Edgar, G. A. N.	The Perse School, Cambridge
Freeman, Patricia A.	School of S. Mary and S. Anne, Abbots Bromley, Staffs.
Glynn, B. D.	Epsom College, Surrey
Green, P. T.	Erith Grammar School, Erith, Kent
Greenwood, J. J.	The King's School, Macclesfield, Notts.
Griffiths, P.J.T.	Bedford School, Bedford
Gullan-Whur, J. D.	Whitgift School, Haling Park, South Croydon
Howell, R. D.	St. Alban's School, Herts.
Hutchinson, M. C. E.	Bedford School, Bedford
Jordan, P. L.	St. Paul's School, West Kensington
Larkin, Sarah A.	Wyggeston Girls School, Leicester
Laver, P.	The Tiffin Boys' School, Kingston-upon-Thames, Surrey
LeSage, J. A.	Haileybury and I.S. College, Hertford
Lewis, D. J. P.	Whitgift School, Haling Park, South Croydon
Lillicrap, G. K.	St. Edward's School, Oxford
MacGregor, H. W.	Allhallows School, Rousdon, Nr. Lyme Regis, Dorset
Matthews, D. O.	The Friend's School, Saffron Walden, Essex
McCormick, I. W.	The School, Oundle, Peterborough
Moran, J. D.	Downside School, Stratton-on-the-Fosse, Nr. Bath
Obura, C. W.	Makerere College, University College of East Africa
Phillips, J. H. M.	County Grammar School for Boys, Pontypridd, Glam.
Pretty, Audrey E.	Queen Anne's School, Caversham, Reading
Price, E. S.	Dulwich College, London, S.E.21
Pritchard, H. J.	Caterham School, Surrey
Quick, C. R. G.	Dulwich College, London, S.E.21
Ross, G. C. D.	Latymer Upper School, Hammersmith, W.6
Scott, Hilary M.	Sutton High School, Sutton, Surrey
Shepherd, R. G.	Hampton Grammar School, Hampton, Middlesex
Sims, P. A.	St. Brendan's College, Clifton, Bristol, 8
Sudworth, R. J. A.	Marlborough College, Wilts.
Sullivan, B. C.	Kent College, Canterbury
Sutcliffe, Jennifer M.	St. Margaret's, Folkestone
Turner, J. E.	Cardiff High School, Cardiff
Tyne, M. S. W.	Blundell's School, Tiverton, Devon
Varnes, J. F.	The City of Norwich School, Norwich
Ward, Elizabeth A.	County School for Girls, Guildford
Warren, Vera N.	Bromley High School, Bromley, Kent
Williams, Beryl E.	Grammar School for for Girls, Dartford, Kent
Williams, Ruth, I.	School of S. Mary and S. Anne, Abbots Bromley. Staffs,

2nd Year L.D.S. Students

Hopkins, C. W. K.	Douai School, Woolhampton, Nr. Reading
Margerison, J. C. L.	Marlborough College, Wilts.
Penhall, B.	Jeppe Boys' High School, Johannesburg
Sullivan, P. G.	Royal Liberty School, Romford

3rd Year L.D.S. Students

Leonard, Ann C.	Laurel Hill Convent, Limerick, Ireland
Norman J. W.	Downside School Stratton-on-the-Fosse, Bath

3rd Year B.D.S. Student

Rankine, C. R.	Millfield School, Street, Somerset

1 Year Hospital Practice

Nath, N.	Arya High School, Ludhiana, Punjab

NURSING NEWS

Entered:

Sister T. Wright to *Assistant Matron, York Clinic.*
Sister J. Seabrook to *P.T.S.*
S/M B. Sweet to *Victoria.*
S/N D. Loveday to *Victoria.*
S/N M. Moore to *Caleb.*
S/N J. Bradwin to *Maudsley Hospital.*

Left:

Sister E. Coulson, *York Clinic.*
Sister J. Shaw, *Caleb.*
S/N A. Henderson, *O.P.D.*
S/N D. Ellis, *New Cross.*

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 4s. 3 lines 10s. 6d. Box Numbers 9d. extra.

Ordinary rates 10s. 6d. per line. Box Numbers 1s. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

For Sale

HANOVIA DUAL PURPOSE UNIT—U.V.L. Alpine Sun and Infra-Red. 9 years old, but little used. Offers. Box No. 192.

Required

ASSISTANT DENTAL SURGEON in busy well-equipped South Coast practice. Above average remuneration, five day week, four weeks holiday a year. Furnished or unfurnished flat available. Box No. 188.

WEST END Guy's man seeks Assistant Dental Surgeon. Well equipped surgery. Mostly N.H.S. work under congenial conditions and pleasant surroundings. No evenings or Saturdays. Box No. 190.

GUY'S DENTAL SURGEON wishes to withdraw gradually from single handed, well organized practice grossing £15,000 plus. Practice conducted in detached house in pleasant rural surroundings in West Country. Perfect technical and surgery staff. No difficult patients. Abundance of all types of work. Box No. 191.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Brooks, M. The Vascular Architecture of Tubular Bone in the Rat. *Anat. Rec.*, 1958, **132**, 25.

Camps, Francis E. Motives for Murder. *Texas Rep. Biol. Med.*, 1959, **17**, 287.

Cowen, P. N. Splenic Siderosis in Mice treated with Dithiourethane. *Nature*, 1959, **17**, 366.

Cowen, P. N. and another. Urethane as a Carcinogen and as an Anaesthetic for Fishes. *Nature*, 1959, **17**, 370.

Dowling, G. B. Concepts in Dermatology (Prosser White Oration). *Trans. St. John's Hosp. Derm. Soc.*, 1958, No 41, p.1.

Magnus, I. A. and another. The Investigation of Skin Diseases due to Light. *Trans. St. John's Hosp. Derm. Soc.*, 1958, No. 41, p. 58.

Maizels, M. Calcium Ions and the Permeability of Human Red Cells. *Nature*, 1959, **184**, 366.

CHANGES OF ADDRESS

J. G. Hamilton, F.R.C.S., 20, Knightlow Road, Harborne, Birmingham, 17.

C. J. Lambert, L.D.S., 7, Harcourt House, 19A, Cavendish Square, London, W.1.

BIRTHS

BARKER.—To Audrey and Dudley Barker, M.R.C.S., L.D.S., on 17th September, 1959, at Nuffield House, a son (Simon) brother to Jonathan and Joe.

BENSTED.—On 21st August, 1959, to Anne (née Campbell), wife of John Bensted, M.B., Ch.B., a sister for John, Peter and Alison.

BRADBROOKE.—On 29th July, 1959, at St. John's Hospital, Chelmsford, to Wila (née Hayhoe, S.R.N.), and David Bradbrooke, A.A.I., a daughter (Jean Patricia).

GILL.—On 27th September, 1959, at Redruth Hospital, Cornwall, to Kay (née Robinson, M.C.S.P.), and David Gill, M.B., B.S., a son (Anthony John).

OWEN.—On 23rd July, 1959, at the Denbighshire Infirmary, to Margaret (née Sedgwick, S.R.N.), and Robert Elvy Owen, M.B., B.S., a daughter (Jane), a sister for Sara.

ROBERTSON.—On 22nd September, 1959, to Anne (née Hill, S.R.N.), and David S. Robertson, M.B., B.S., a daughter (Elizabeth Fay).

MARRIAGES

GOODWIN.—ALEXANDER.—On 5th September, 1959, at St. Peter's on the Hill Church, R.A.F. Eastleigh, Nairobi, John Goodwin, R.A.F., to Pamela Alexander, S.R.N.

McCORMACK—THOMPSON.—On 5th September, 1959, at St. Mary's, Westerham, John McCormack, B.D.S., to Madeleine Thompson.

MICHELSKI—DOLMAN.—On 29th August, 1959, at St. Peter's Church, Brockville, Wladislaw Michelski to Jean Margaret Dolman, S.R.N., S.C.M., R.N.

DEATHS

LANSDOWN.—On 23rd September, 1959, Robert Blake Poole, M.B., B.Ch., M.R.C.S., L.R.C.P., of "Tree Tops", Fairfield Close, Lymington, Hants.

MIDDLETON.—On 30th August, 1959, Alan Middleton, L.D.S., of 40, Brycedale Crescent Southgate, London, N.14.

EDS. J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1859 *24th October* 1959 *One Shilling*

PASSIM

PATIENCE and pertinacity, with an immense store of tact and a refusal to be daunted by heartbreaking setbacks and reverses, have borne fruit at the best possible time for the Hospital. While New Guy's House nears completion to the East of Hunt's House, Mr. Lees Read is able to announce in this issue that Great Maze Pond is at last to be closed to through traffic. In the desperate days of 1940, when he urged that Guy's should acquire the bombed areas between this road and Weston Street, visions of the post-war rebuilding of Guy's ranked as pipe-dreams, and few people saw as clearly as did Mr. Lees Read how important it would be for the continuing integrity of the Hospital as a unit, that Great Maze Pond should come within its boundaries, and should not be allowed permanently to cleave between our main ward units, bringing all the noise and disruption of regular heavy traffic. There have been innumerable difficulties since those early days, and opposition has been very vigorous now that the pipe-dream has become a cogent reality, with Guy's buildings towering over both sides of the road. It is a remarkable tribute to Mr. Lees Read and to Alderman J. M. Greenwood that all these differences and honest difficulties have been settled amicably and with no roughshod riding, so that in November, traffic will cease to use Great Maze Pond. The resulting peace in the medical wards will be noticed and appreciated first, but the long term will show the major benefit : that with the most massive increase in bulk which has happened in the history of Guy's, the family sense of our cluster of buildings being united as one Hospital, and not merely as a series of unrelated annexes, will be no whit lessened. This is indeed excellent news.

When Mr. Blaikley was in New Zealand last year, one of the Guy's men whom he met was Dr. Robert Stout, of Wellington. We are very sorry to hear from him that this grand old Guy's doctor has died at the age of 76 years, and we offer our deepest sympathy to his family and friends.

October 31st is the anniversary of the birth, in 1794, of John Keats. Mr. F. N. Doubleday, Consulting Dental Surgeon Emeritus to the Hospital, is President of the Keats-Shelley Memorial Association, and we are glad to mark the birthday of our predecessor in the wards of Guy's by publishing Mr. Doubleday's article in this issue of the *Gazette*.

We are sorry that Mrs. Moya Woodside has left Guy's after several years as a Psychiatric Social Worker in the York Clinic. She has taken up a post at Holloway Prison which promises research work of an extremely interesting nature from the criminological point of view. We hope still to hear from her from time to time in the pages of the *Gazette.*

The Memorandum published and presented to her Majesty's Government by the British Orthopaedic Association this year has scathing comments to make upon the organization of casualty services in this country, notably in London. The Association recalls with some sourness the tortoise-like rate of progress along the path mapped out in 1935 by the B.M.A. report on the treatment of Fractures, which had the active support of the B.O.A., reiterated in their own Memorandum of 1943. Certainly it is to be hoped that the more dismal aspects of casualty treatment in 1959 will not need twenty-five years to see them to the grave. It is extremely interesting to be able to ask Mr. Patrick Clarkson to comment on the Association's recommendations in this issue of the *Gazette ;* he welcomed the 1935 recommendations on Fractures, which are slowly being generally applied, in *Passim* of the first *Gazette* in June that year ; and as Casualty Surgeon he is deeply interested in the problems as they will affect the new and larger department which is to replace our honorably battle-scarred Front Surgery. Mr. Clarkson comments on the major proposals of the Memorandum from a position of experience, but we must enter a plea for the present arrangement by which the student sees all classes of emergency treatment initiated during his duties on the Surgery. The curt statement, in the Memorandum, that "emergency receiving rooms for other than accident cases will still be needed in designated hospitals, but casualty departments as they used to be known should no longer exist", begs the question. Certainly there are many examples which argue that too much has been attempted (with dismal results) in many cramped and under-staffed units for years past, but we have at Guy's to consider the teaching in the Front Surgery as well as the treatment of patients. To receive, diagnose, initiate treatment, and dispose of accident cases separately from other emergencies, in adjacent but separately staffed and administered units, might be the end of "the casualty department as it used to be known", but in teaching hospitals the loss of variety in a session as a Resident or as a student on duty would surely render the training more repetitive, less stimulating and thus less fruitful.

The first week of November will see an old name revived in Guy's House, when *Esther* ward is opened for cases which require segregation for the adequate treatment of wound and other infections, which would render a large ward *hors de combat:* readers will remember that *Luke* ward was closed earlier this year by the depradations of the staphylococcus aureus type 80. The new *Esther* is opposite *Lydia* on the first floor of Guy's House, extending to Great Maze Pond below the Recovery ward, and will accommodate eight patients.

Visitors to the Surgical wards who arrive early can find seats outside most wards, but when the medical patients occupy Guy's House during the redecoration of Hunt's House, the large waiting rooms of the Medical block will be missed. With the new telephone exchange in operation, the Round House is forlorn at the moment. We understand that the Guild of Ex-Patients have a scheme to make this into a warm and cheerfully decorated waiting room for Guy's House. This seems an excellent notion, and we hope that it will be given serious consideration.

Listeners to the B.B.C. programme "Lift up Your Hearts" at 7.50 a.m. each morning last week will have recognized the voice of the Hospital Chaplain, the Revd. Kenneth Child, who drew fully on his knowledge of Guy's and other hospitals to give point to his reflections upon the daily life of the Christian.

We can now welcome our new friends from Oxford and Cambridge, who started clinical work last week. We know that they will be extremely happy here. They have a distinct advantage over their younger brethren who are now starting anatomy, for all of us when we start at the Hospital are consulted with earnestness about various superficial and deep-seated complaints by our acquaintances. How sadly we had to confess to the enquiring sufferer, in those first days, that not only the treatment but also the pathology, nay, even the anatomy of his erring viscus was still beyond our ken : we "had not got that far".

Venereology is a field of medicine which attracts little publicity ; it is, therefore, very pleasant to publish some notes on his visit to Montreal last month, by Dr. A. S. Grimble. The visit was occasioned by an International Symposium upon his specialty, at which he read a paper on the "Aetiology of non-specific urethritis ; an hypothesis based on the role of the pleuro-pneumonia-like organisms, and their relation to virus inclusion urethritis."

A stimulating visitor was entertained by the Quodlibet Society on 15th October. Mr. Clancy Sigal, the American journalist, spoke on "Beat, Bop and Beethoven", or "American Culture Today".

An unforgivable lapse when cutting material for the tiny strike issues of the *Gazette* in July, has led to our omitting to congratulate the Guy's Golfing Society upon their clean sweep in the London University Championships held at Walton Heath this summer. Messrs. R. H. Mummery, A. P. Reynolds and R. J. Cockerill won the Beveridge Cup for a College team ; Mr. R. J. Cockerill won the Eckhoff Cup for the individual championship, and Mr. M. B. Wilson won the handicap prize. The Beveridge Cup was thus retained for the third consecutive year, a remarkable feat.

The old table from the "Ship and Shovel" is still in the College ; we have an "action photograph" of the table in its original position in the much lamented 'pub', which appears on page 381. It would be interesting to know if the owners of the more easily decipherable of the carved initials can be identified.

Dr. Colin Smith has chronicled the voyage of the *Theodora* at the various stages of her trip across the Atlantic and gently up the Eastern seaboard of North America, in what we have found to be an enthralling series of articles. We must now with reluctance allow him to lay down his pen, with *Theodora* in this final instalment safely berthed in the Southampton yard where her crew first boarded her over a year ago.

Guy's-trained nurses may like to take note that opportunities are constantly recurring for them to return as Staff Nurses and to spend a further period in their Hospital. Matron has vacancies at present in *Theatres*, in *Job* ward for thoracic as well as for general surgery, in *Nuffield House*, and in the Radiotherapy Out-patient Department.

GUY'S DIARY

OCTOBER			Exhibition. Department of Surgery. *Haematuria.*
26th	M	1.00	Dr. Grimble. Clinical Lecture. *Reiter's Syndrome.*
27th	T	1.00	Mr. Blackburn. Clinical Lecture. *Abdominal Pain.*
30th	F	1.00	Dr. Houston. Clinical Lecture.
NOVEMBER			Exhibition. Department of Surgery. *Head Injuries.*
2nd	M	1.00	Mr. Gibberd. Clinical Lecture. *Changes in the Manifestations*
3rd	T	1.00	Mr. Clarkson. Clinical Lecture. *Fundamentals of Wound Ballistics and Nuclear Casualties.*
5th	Th	1.00	Mr. Wass. Clinical Lecture. *The Results of Operations for Peptic Ulceration.*
6th	F	1.00	Professor A. Earl Walker, M.D. (Professor of Neurological Surgery, Johns Hopkins Hospital). Clinical Lecture. *The Natural History of Post-Traumatic Epilepsy.*
9th	M	1.00	Sir Russell Brock. Clinical Lecture. *Empyema.*
11th	W	4.30	Science Club. Dr. C. A. Clarke. *The Evolution of Mimicry in Swallowtail Butterflies.* Staff Common Room 4.30 p.m.

CORRESPONDENCE

Letter to the Editor of the Gazette

"Esther" Ward

From the Superintendent

SIR,—I thought it would be of general interest to know that a half ward opposite *Lydia* Ward, containing eight beds, will be ready for occupation about the end of this month or early next month. These beds are isolation beds for surgical cases with open sepsis. The ward will be known as *Esther.*

Yours etc.,

J. B. BLAIKLEY,
Superintendent.

Guy's Hospital, S.E.1.

JOHN KEATS

By F. N. DOUBLEDAY

John Keats is of interest to Guy's people for several reasons. He was a student here and obtained a medical qualification in 1816. It is generally acknowledged both that he is one of the great masters of English poetry and that in his letters he shows himself as one who thought deeply. For a man who died at the age of twenty-six this is a great achievement. His poems and his letters are constantly republished in many countries and new books dealing with his life and work appear frequently.

The correct understanding of human nature is of the greatest importance to the doctor, the dentist and the nurse ; this is a problem which was carefully studied by Keats. He saw how perplexing it was ; a sonnet which he wrote after making an ascent of Ben Nevis shows what he then thought.

" *Read me a lesson, Muse, and speak it loud*
Upon the top of Nevis, blind in mist !
I look into the chasms, and a shroud
Vapourous doth hide them—just so much I wist
Mankind do know of hell ; I look o'er head,
And there is sullen mist,—even so much
Mankind can tell of heaven ; mist is spread
Before the earth, beneath me—even such,
Even so vague is man's sight of himself !
Here are the craggy stones beneath my feet—
Thus much I know that, a poor witless elf,
I tread on them—that all my eye doth meet
Is mist and crag, not only on this height,
But in the world of thought and mental might."

John Keats was a Londoner, born in Finsbury, and baptized in the Parish Church of St. Botolph's, Bishopsgate, by an ancestor of our Sir John Conybeare. His father was the proprietor of a hiring establishment for cabs and riding hacks ; today he would be a garage proprietor. When Keats was only eight years old his father was killed as the result of a road accident; six years later, his mother died of tuberculosis. He was then left in the care of his grandmother until her death in 1814. Under her will the money affairs of the Keats children was left in the trust of an unsympathetic guardian, Richard Abbey. In the summer of 1818 his brother George emigrated to the United States, and in December of that year his younger brother Tom died of pulmonary tuberculosis ; John Keats himself died of the same condition in February, 1821. This is a tragic story, making it remarkable that he should have left letters and poems which 178 years after his death are the subject of discussion all over the world.

When Keats became a medical student in 1811, pupillage to a private practitioner for 3-5 years was the initial stage in medical education. In October, 1815, he entered Guy's for the period of hospital study ; the record of his entry may still be seen in the Medical School Office, although his actual signature has been removed. In June, 1816, he passed his examinations and was admitted as a

Licentiate of the Society of Apothecaries. During his study at Guy's he lived first in Dean Street, now named Stainer Street, and built over by the arches of the railway ; then, on the suggestion of Sir Astley Cooper, he went to live with three other students in St. Thomas's Street. Sir William Hale White made considerable efforts to identify this house from the entries in the rate books, but without success. The present writer hopes that it may be the house, No. 4, in which he lived for nine years, because that had a window seat, similar to the one which is described by contemporaries as being Keats' favourite place. These are old houses and have the grates typical of the Georgian period. Keats described the ringing of the bells of Southwark Cathedral, and the tolling of Big Tom at St. Paul's, and the view of that Church from London Bridge,

> "*. . . manifest*
> *As a large Cross, some old cathedral's crest*
> *Lifted to the white clouds.*"

and again a description of the Thames,

> "*Some weeks have passed since last I saw the spires*
> *In lucent Thames reflected.*"

Keats' real love was for rural surroundings ; the sonnet which follows was written during his residence in the Boro'.

> "*O Solitude ! if I must with thee dwell,*
> *Let it not be among the jumbled heap*
> *Of murky buildings ; climb with me the steep*
> *Nature's observatory—whence the dell,*
> *Its flowery slopes, its river's crystal swell,*
> *May seem a span ; let me thy vigils keep*
> *'Mongst boughs pavillion'd, where the deer's swift leap*
> *Startles the wild bee from the fox-glove bell.*
> *But though I'll gladly trace these scenes with thee,*
> *Yet the sweet converse of an innocent mind,*
> *Whose words are images of thoughts refin'd,*
> *Is my soul's pleasure ; and it sure must be*
> *Almost the highest bliss of human-kind,*
> *When to thy haunts two kindred spirits flee.*"

A marked feature of Keats' life was his keen interest in people and in animals; in a letter to his friend Bailey at Magdalen Hall, Oxford, dated 22nd November, 1817, he writes, " If a sparrow come before my window I take part in its existence and pick about the gravel ". In another letter of March, 1819, he observes, " The greater part of men make their way with the same instinctiveness, the same unwandering eye from their purposes, the same animal eagerness as the hawk. The hawk wants a mate, so does the man—look at them both, they set about it and procure one in the same manner. They want a nest and they both set about one in the same

manner. The noble animal man for his amusement smokes his pipe, the hawk balances about the clouds, that is the only difference of their leisures. This it is that makes the amusement of life, to a speculative mind. I go through the fields and catch a glimpse of a stoat or field mouse peeping out of the withered grass; the creature has a purpose and his eyes are bright with it."

Keats began by writing the simple lyrical poetry of nature ; this is an example of it,

" *I stood tiptoe upon a little hill,*
The air was cooling and so very still,
That the sweet buds which with a modest pride
Pull droopingly, in slanting curve aside,
Their scantly leaved, and finely tapering stems,
Had not yet lost those starry diadems
Caught from the early sobbing of the morn.
The clouds were pure and white as flocks new shorn,
And fresh from the clear brook ; sweetly they slept
On the blue fields of heaven, and then there crept
A little noiseless noise among the leaves
Born of the very sigh that silence heaves :
For not the faintest motion could be seen
Of all the shades that slanted o'er the green.
There was wide wandering for the greediest eye,
To peer about upon variety ;
Far round the horizon's crystal air to skim,
And trace the dwindled edgings of its brim ;
To picture out the quaint, and curious bending
Of a fresh woodland alley, never ending ;
Or by the bowery clefts, and leafy shelves,
Guess where the jaunty streams refresh themselves.
I gazed awhile, and felt as light, and free
As though the fanning wings of Mercury
Had played upon my heels : "

There are two forms of sonnet, the Petrarchan, which has eight lines, followed by six, and the Shakespearean, of three sets of four lines, followed by a concluding couplet. Keats used both of these and then developed his verse into a lengthened form which he termed an Ode. His comment on the sonnet form is given in a letter which he wrote on 8th October, 1817. " Do not the lovers of poetry like to have a little region to wander in where they may pick and choose, and in which the images are so numerous that many are forgotten and found new in a second reading? "He also expressed his views in the following sonnet:—

" *If by dull rhymes our English must be chain'd,*
And, like Andromeda, the sonnet sweet
Fetter'd, in spite of pained loveliness,

Let us find out, if we must be constrain'd,
Sandals more interwoven and complete
To fit the naked feet of Poesy :
Let us inspect the Lyre, and weigh the stress
Of every chord, and see what may be gain'd
By ear industrious, and attention meet ;
Misers of sound and syllable, no less
Than Midas of his coinage, let us be
Jealous of dead leaves in the bay wreath crown ;
So, if we may not let the Muse be free,
She will be bound with garlands of her own."

Writing on 3rd May, 1819, he observes " I have been endeavouring to discover a better sonnet stanza than we have. The legitimate does not suit the language well from the pouncing rhymes, the other kind appears too elegiac, and the couplet at the end of it seldom has a pleasing effect, I do not pretend to have succeeded." The poetic forms which he developed and described as "Odes" are among the most perfect of his works ; the ' Ode to Autumn ' is given here.

" *Season of mists and mellow fruitfulness,*
Close bosom friend of the maturing sun ;
Conspiring with him how to load and bless
With fruit the vines which round the thatch eves run,
To bend with apples the moss'd cottage trees,
And fill all fruit with ripeness to the core ;
To swell the gourd, and plump the hazel shells
With a sweet kernel ; to set budding more,
And still more, later flowers for the bees,
Until they think warm days will never cease,
For summer has o'er brimmed their clammy cells.

* * * * *

Who has not seen thee oft amid thy store ?
Sometimes whoever seeks abroad may find
Thee sitting careless on a granary floor,
Thy hair soft lifted by the winnowing wind ;
Or on a half reaped furrow sound asleep,
Drows'd with the fume of poppies, while thy hook
Spares the next swath and all its twined flowers.
And sometimes like a gleaner thou dost keep
Steady thy laden head across a brook ;
Or by a cyder press, with patient look,
Watchest the last oozings hours by hours
Where are the songs of spring ? Ay, where are they ?
Think not of them, thou hast thy music too,
While barred clouds bloom the soft-dying day,
And touch the stubble plains with rosy hue ;
Then in a wailful choir the small gnats mourn
Among the river shallows, borne aloft
Or sinking as the light wind lives or dies ;

And full grown lambs loud bleat from hilly bourne ;
Hedge crickets sing ; and now with treble soft
The redbreast whistles from the garden croft ;
And gathering swallows twitter in the skies."

John Keats has been accused of laxity in moral conduct. As already described, he was left at a very early age without parents, and without that affection and home life, which means so much to most of us. It seems that to some extent, but not in a gross way, he experimented with sexual instinct. It is equally certain that he conquered and learned to control his desires. This is a sonnet which he composed upon this subject in 1819.

" *How fever'd is the man, who cannot look*
Upon his days with temperate blood,
Why vexes all the leaves of his life's book
And robs his fair name of its maidenhood ;
It is as though a rose should pluck herself,
Or a ripe finger its misty bloom,
As though a clear lake meddling with itself
Should cloud its pureness with a muddied gloom :
But the rose leaves herself upon the briar,
For winds to kiss, and grateful bees to feed,
And the ripe plumb still wears its dim attire,
The undisturbed lake has crystal space ;
Why then should man, teasing the world for grace,
Spoil his salvation for a fierce miscreed."

The two volumes of Keats' letters show clearly what sort of man he was ; the close friend of those who followed a variety of occupations ; an Oxford undergraduate, several solicitors, an editor, publishers, painters, were among his intimate and constant friends. In the opinion of the present writer, Keats has been grossly misrepresented by William Rossetti in the last century, and in a recent book by Robert Gittings. On the contrary the whole tenure of his published correspondence shows that he was a man of strong character, tempted, as other men are, but conquering his temptations.

In his letters Keats gives many instances of his medical knowledge. With such a family history it is not surprising that he sometimes thought of the possibility of his own early death.

" *When I have fears that I may cease to be*
Before my pen has gleaned my teaming brain,
Before high piled books, incharact'ry
Hold like rich garners the full ripen'd grain.
When I behold, upon the night's starr'd face
Huge cloudy symbols of a high romance
And think that I may never live to trace
Their shadows with the magic hand of chance.
And when I feel, fair creature of an hour
That I shall never look upon thee more,
Never have relish in the faery power
Of unreflecting love !—then on the shore
Of the wide world I stand alone and think
Till love and fame to nothingness do sink."

And in another poem he writes of the life history of man, an echo of Shakespeare's famous discourse on the uncertain duration of human life.

> " *Four seasons fill the measure of the year ;*
> *There are four seasons in the mind of man :*
> *He has his lusty spring, when fancy clear*
> *Takes in all beauty with an easy span :*
> *He has his summer when luxuriously*
> *Spring's honied cud of thought he loves*
> *To ruminate, and by such dreaming nigh*
> *His nearest unto heaven : quiet coves*
> *His soul has in its autumn, when his wings*
> *He furleth close ; contented so to look*
> *On mists in idleness—to let fair things*
> *Pass by unheeded as a threshold brook.*
> *He has his winter too of pale misfeature,*
> *Or else he would forgo his mortal nature.*"

Alas ! this was so in his own case. He developed a tuberculous infection, his lungs became involved, he was sent to winter in Italy in the hope that this might benefit him. It was not to be ; he died in Rome on 21st February, 1821, and was buried there. He asked that upon his tomb the epitaph should be " Here lies one whose name was writ in water ". In his illness he judged wrongly, for the literary world continues to read and comment upon his work. At a recent reading of his poems in the Royal Festival Hall more than four hundred people, of all ages and rank, were present. John Keats is a Guy's man in whom we may all feel pride and by the study of his work profit.

TO THE WEST INDIES IN "THEODORA" — VIII.

By Colin Smith.

We were not sorry to leave the Bay of Fundy, though the fog followed us round to Halifax, Nova Scotia. After a brief but pleasant stay here (during which we were given a new topmast forestay and fathoms of two inch manilla by a friendly cable ship, and dental repairs effected on our Captain and Engineer), we had a brisk and bouncy sail up to Cape Breton Island, a generously wooded ring of limestone and sandstone, seamed with coal and gypsum surrounding the lovely Bras d'or lakes. The ring is pierced to the South by a tiny canal and sinuous waterway that requires careful pilotage ; to the North-east there is a much wider estuary which leads around to Sydney.

While the boat was lying in Sydney preparing for the final crossing, I was thoroughly enjoying myself out in the wilds staying with the Hon. Edward Russell and his family on his estate at Washabuck. When I was resting from swimmimg, walking, playing with children and goats and drinking beer, I learned a great deal about Delawarr's Diagnostic Box. This simple and elegant device claims to be able to diagnose and treat any disease by channelling radiations that are akin to thought waves. It even claims to be able to detect and cure diseases before they have appeared ; the results of this latter technique are extremely good, though we could probably do as well on the Health Service.

Early in the morning of Friday, 8th of August, we attended a special Communion Service, and at lunch time we motored a little way off the quay and set our sails for England. There was quite an audience of dour but friendly fishermen, so we hoisted everything we could and ran close in to wave goodbye.

At first it was calm, and we were tired, and the lethargy of the sea descended on us like a shroud. This mood was sharply interrupted when the wind suddenly turned ahead and strengthened into a squall. In our haste to lower the flying jib, we tore it on the crosstrees ; this sail was so ancient and decrepit that it was amazing that it had lasted so long. Bedding, airing in the sun, was hastily stuffed down the hatch.

The wind remained ahead for five days, varying from nothing at all to a moderate gale in force, as we clawed the three hundred miles Southeast out into the open Atlantic, a hundred miles due South of Cape Race, the Southernmost tip of Newfoundland. This gave us plenty of sea room in case it came on to blow hard from the South, as the coast around Cape Race looks extremely sinister on the chart; also there would be less chance of meeting icebergs, less fog, and we should leave the Labrador Current earlier for the warmth and assistance of the Gulf Stream.

We hissed steadly across the Grand Banks, cutting a milky streak through the gently undulating turquoise of the sea. It was hazy, but the pure white of the square topsail glistened above the expanse of the squaresail itself, benign and brown as a Franciscan's habit. Bedding strewed the deck ; some were washing in sea water and detergent, others scraping and varnishing the boom ; the cat sunned himself glossily on a sleeping bag. The helmsman kept a wary eye on the weather clew of the topsail.

All through the night and the following day this continued, though a note of apprehension crept in as the wind steadily increased and the glass fell ; the topsail halyard lay off its pin, coiled carefully on the fore deck, ready to be cast off instantly if the wind should catch us aback ; the cat wandered restlessly from knee to knee. By nightfall we were running hard with the wind on the port beam and the squaresails stowed. By the next morning the sea was marching, iron grey from the North, and a hint of spindrift touched the advancing surface of the waves. Shortly before lunch the wind dropped, and there was relative silence for the space of about half-an-hour.

The wind returned at its previous force and direction and then increased in proportion as we reefed ; before lunch we took two rolls in the mainsail and changed jibs, but no sooner had we finished than we had to take in three more rolls. After soup and corned beef sandwiches we lowered the yard, reefed the topmast and reefed the staysail ; shortly afterwards the jib outhaul parted, so we ran off the wind and stowed the jib while the foredeck swooped, climbed and paused dizzily, high above the lengthening troughs. It was time for tea when the heel of the topmast was finally lashed and all hands were able to relax.

At the height of the storm the scene was of a beauty and ferocity for which it is difficult to find words. The burgee vibrated like a tuning fork against the tearing clouds, through which sudden floods of moonlight picked out the whirling petrels, and the emerald that gleamed between the curling wave crests and their foam-streaked sides. From the crests the view made one pause in breathless admiration, as white capped hills seethed into the night ; from the trough one had to exert all one's will power to heave the little boat up the next wave. Down below all was wedging tight and avoiding the drips, punctuated by an occasional crash as water came aboard.

The drama only lasted twenty-four hours, and then the wind died away and left us lolloping in the sun. A friendly cargo boat circled round and cheered as we exchanged signals ; with the respite we came out of hibernation, ate heartily, dried clothes and bedding as far as possible and caulked up the places through which the water had dripped or poured. This was as well, because it soon came on to blow from the South, with not quite so much vigour, but for longer. When this died away, and we were two hundred miles from the Bishop Rock, the wind went round to the East, and we had to beat right down into the Bay of Biscay before we were able to sail up into St. Mary's in the Isles of Scilly as dawn broke, just 22 days out of North Sydney.

There is little to tell of the rest of the journey; the wonderful few days in Scilly, probably the most beautiful place we have seen ; the sail up to Southampton during which our chief concern was to avoid being run down ; the greetings of friends and parents as we finally made fast alongside at Camper & Nicholson's Yard. It was nice to be home ; and there was the small matter of earning a living to be considered.

NOTES ON THE BRITISH ORTHOPÆDIC ASSOCIATION MEMORANDUM ON ACCIDENT SERVICES, 1959

By PATRICK CLARKSON

The B.O.A. Memorandum on Accident Services is of such patent importance to the whole surgical services of the country that a lengthy note, comprised partly of abstracts of the Memorandum itself and partly of comment, may perhaps be excused.

In 1935 the B.O.A. supported a recommendation of the B.M.A. concerning the treatment of fractures. It pointed out the wide discrepancy in the results between the general standard and the standard attained in Hospitals where special accident services were organized. *Passim** in the *Gazette* of July, 1935, welcomed these recommendations, in particular those parts which recommended continuity of control of the injured at Consultant level, concentration of injured cases into special "fracture" departments, and special provisions for rehabilitation. *Passim* also noted the partial adoption, at that time, of these arrangements at Guy's. In the intervening 25 years, further progress has been made towards the objectives defined by the B.O.A. in 1935 ; but the 1959 Memorandum states "the organization for the treatment of those injured in accidents remains gravely deficient . . . has been so deficient as to perpetuate in the greater part of the country the conditions that provoked such strong criticism . . . in 1935."

The present Memorandum then goes on to analyse current faults under headings. Under 'Failures of Organization' it states as a fundamental defect of the present situation "the diffusion of injured patients among hundreds of Hospitals . . . in the London area the situation is especially bad : there are more than 100 casualty receiving hospitals, few of which receive enough accident cases to warrant an efficient 24-hour service : nor are they fully equipped or properly staffed". In fact only 19 of these London casualty receiving hospitals out of the 100 receive more than 1,000 cases per year (the Guy's figure is about 1,100, the King's figure more than twice this, and St. James', Balham, more again. It is the Thames, and the ambulance service which is controlled by this boundary, which severely restricts our catchment area).

The Memorandum stresses that a full service, with full 24-hour ancillary services, cannot be expected in more than a limited number of the larger hospitals. These designated casualty receiving hospitals should receive all injured in a large area allocated to them, and should be appropriately built up in staff, accommodation and equipment.

The Memorandum stresses that a full service, with full 24-hour ancillary of the injured occurs, not in transit to hospital, but within the hospital that receives the casualties—through poor organization and inadequate facilities". Another most serious cause of delay is in transfer of the casualties from the first hospital to another, again due to lack of liaison and an organized service. On the other hand the L.C.C. ambulance performance is most efficient. I believe the average time for over 100,000 calls to hospitals a year is 20 minutes, from 'phone call to arrival of the casualty at hospital.

Regarding staffing, the Memorandum emphasizes the lack throughout the country of "enough surgeons with orthopædic training to deal personally with every locomotor injury". A qualifying comment on this statement can be made; it is that the commonest injured part is the hand (? over 50 per cent. of all injured), the treatment of which, and the experience and practice are a combined Plastic and Orthopædic, or often, general surgeons' concern; there are also the 10 to 15 per cent. of head and face injuries in which neurosurgeon, plastic and dental surgeons are mainly concerned; the burns (? 1—5 per cent.) are conceded to the plastic surgeon who also has an interest in most major soft tissue losses.

The Memorandum also strongly condemns the inadequate number of beds for accident patients. There is little doubt that this is right, especially in view of the increasing importance of accidents in the field of surgery as a whole. Accidents account for 80 per cent. of deaths of persons under 18 years. Injuries sustained in travel alone cost the country some £200 million a year. Relative to other fields of surgery, accident surgery is an expanding field ; its representation,

**For which Maurice Partridge and myself were then responsible.*

particularly in teaching hospitals, is quite inadequate to its modern importance. This fact of lack of Teaching Hospital beds leads automatically to the 'Failure of Surgical Training' which the Memorandum condemns.

In one of its chief recommendations, the Memorandum stresses the need for organization of accident services on a nation-wide scale. It is to be noted with firm approval that the accident service recommended is the provision of "a comprehensive Accident Unit based upon an existing general hospital", and not the provision of multiple special accident hospitals. The injured man needs the full range of consulting services and the full ancillary services needed by any sick man, such as can only be fully available at big general hospitals. These cannot be adequately duplicated for "special accident hospitals" up and down the country. There are, too, other undesirable features of a system based on separate special accident hospitals, although this idea has had strong support in the past from influential quarters.

The need for the overhaul of the staff structure of these Accident Units is properly stressed, but not properly expressed. Again, the use of somewhat 'loaded' statistics for political argument is not a strong point of the Memorandum. Possibly 75 per cent. of *major* injuries involve the skeletal system as they say, but these represent only 10 per cent. of the *total*, and even this "75 per cent." is not exclusively an Orthopædic responsibility. Almost certainly the consultant most likely to organize the Accident Unit will be an Orthopædic Surgeon; Orthopædic Surgeons have, however, no prescriptive right to this post. In some hospitals the right choice may be a General Surgeon, whose job will be to organize and lead the team of the comprehensive and integrated Accident Unit.

The difficulty of these proposals (not dealt with in the Memorandum) lies in the down-grading of those hospitals not designated as accident-casualty receiving units. It is quite impossible to avoid recognition of the fact that deflection of all casualties away from a hospital will down-grade its whole status and the work of its Consultants. Nevertheless, this is an essential part of any improvement in the national Service for Accidents. Cynicism suggests that the recommendations will not be fully implemented for 25 years or so ; that is, until there has been an adequate number of retirement or death vacancies in the present national hospital staff structure. A re-organization of the ambulance services to fit in with these changes clearly follows, and could be simply effected. The ambulances will continue to take each case to the nearest "casualty" receiving hospital ; but instead of there being nearly 100 casualty receiving hospitals in London, there will be only 20 odd.

It is recommended that the accommodation of the Accident Unit, both out-patient and in-patient, should be in one block. At Guy's, therefore, we should revert to the very efficient arrangements we had in the 19th century, when Astley Cooper, and the accident wards were on the east side of the ground floor of Guy's House, behind the then Font Surgery (the 'Casualty' entrance). The need for rapid and easy links both with Consultants within the hospital, and with neighbouring special centres, is also rightly stressed.

When the Memorandum comes to accommodation of Accident Units, some of its recommendations will cause a raising of eyebrows. They recommend the provision of 150-250 accident beds per half million of the population. In effect this would mean taking over considerably more than half of the new Surgical Block; unlikely in the next 30 years ! In fact these figures are not such a major *total* allocation ; the need is for a big part of the accident beds to be provided by a neighbouring linked Regional hospital, so that the staff of the Accident Unit work in the main at the Teaching Hospital, but have a well accommodated, well equipped section, staffed by themselves at a neighbouring hospital to which long stay cases are rapidly transferred.

It is clear that these Accident Units, if they are generally instituted, must be based on Teaching Hospitals (where there are Teaching Hospitals) if only for educational reasons. For the South East region this means Guy's and King's. The nucleus of such an Accident Unit already exists between Guy's and New Cross and we may be thankful for this established organization.

I do not propose to deal with all the paragraphs of the Memorandum. Some of special interest may be noted, including that in which attention is drawn to the fact that deficiencies in our present service come out most, or worst, during major civilian disasters, "for the quality of the medical care available to the victims of such disasters will depend upon the standards that already exist in the community". There are also necessary and obvious things said about 'Casualty

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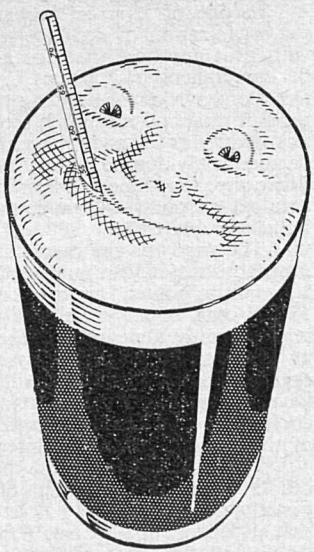
Constitution: Sound. Composed of finest Barley Malt, Hops and pedigree Yeast

Circulation: Excellent . . .



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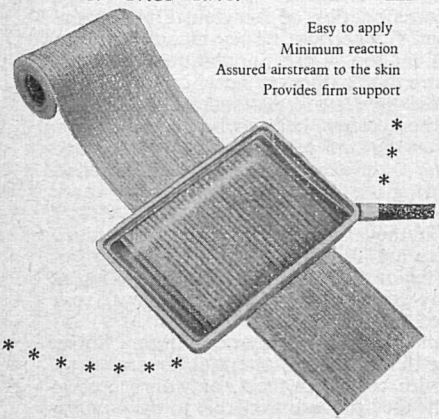

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Surgeons'. There is of course no such "genus". "It must be emphasized that it is unrealistic to attempt to train surgeons to be expert in every field of surgery . . . The creation of 'casualty surgeons' . . . would therefore, be an undesirable development." The Consultant who works in or organizes the Casualty Department is a General Surgeon, Orthopædic, Neuro-Surgeon, Plastic or other specialist, depending on his experience, suitability or seniority—most often of course he will be an Orthopædic Surgeon. There is a totally inadequate study of Casualty Departments in the Memorandum. Thus "emergency receiving rooms for other than accident cases will still be needed in designated hospitals, but casualty departments as they used to be known should exist no longer". Casualty Departments in Hospitals today are probably the biggest single blot on the N.H.S., but most of those who will work in hospitals which are at or beyond the blue-print stage now will do so in accommodation that will fit very well with the propositions of the present Memorandum. The persisting defects of Casualty Departments are lack of Consultant supervision, inadaquate and faulty theatre and general accommodation, and lack of adequate casualty beds. The lack of provision of these 1-2 days Casualty beds in busy Casualty Departments is responsible yearly for much gross inhumanity to patients, much medical inefficiency, and a great deal of additional expense.

There is much else of value in the Memorandum concerning teaching, research, and the support of the Royal College of Surgeons. It is recommended that "the organization of accident services must be undertaken by the State as a quasi-military operation". The Memorandum recognizes that all this will take time, and suggests as a start that each regional board in conjunction with the Teaching Hospitals "set up forthwith at least one comprehensive accident service within its area". In the South East Region this means Guy's and King's. As already stated in these notes, it is impossible to see how such Accident Units so service their local area with adequate bed accommodation (*e.g.*, 150-250 beds) can be provided under one roof in any London Teaching Hospital. The necessity for splitting the accommodation of the Accident Unit, but not the staff, between the Teaching Hospital and a 'linked' Regional Hospital is obvious. Such links between most Teaching Hospitals in London and Regional Hospitals are already established. It is surprising that the Memorandum ignores this fact; it does not express an opinion about such split Accident Units, nor suggest methods to overcome some of the difficulties imposed by such inevitable division into two halves.

In the *Gazette* in 1935, we welcomed the B.M.A. Memorandum on Fractures, but we are now told by the present Memorandum that 25 years later its cogent and patently necessary recommendations are not yet uniformly adopted throughout the Hospital Services. It is easy to decry this ; but it must also be recognized that too rapid and arbitrary implementation, even of the present recommendations under N.H.S. conditions would infringe on the established and proper rights and responsibilities of many Consultants. I believe that more will be done for the injured in this country by steady staged progress than by fast 'Bevanite' disturbance of established medical services. What at least is certain is that these B.O.A. recommendations will have considerable influence on Hospital (and particularly Teaching Hospital) services for the injured throughout the country during the next few years.

REVIEW

Handbook of Dental Practice. GROSSMAN. Pitman Medical Publishing Co., Ltd. 3rd Edition. *Price* 100*s.*

This book of 500 pages, covers the major part of Technical and Theoretical Dentistry, and considering this handicap, is remarkably successful. It is a symposium by twenty-four contributors and will be of more value to the would-be progressive practitioner than to his academic colleague.

The major part deals with the details of restorative dentistry. It is, however, disappointing not to find a section on high speed cavity preparation. The more recent indirect inlay preparation methods are also not adequately covered. Amalgam and silicate restorations are well described.

It is probable that the major value of this type of book will lie in the number of hints and tips it contains, rather than on its carefully reasoned theses. In consequence the isolated practitioner will find it valuable even if he does not see fit, as is advocated, to use the rubber dam when filling children's teeth.

A.R.T.

CORRESPONDENCE

Letter to the Editor of the Gazette

Great Maze Pond

From the Clerk to the Governors

SIR,—From time to time, in the past, mention has been made in *Passim* of the troubles experienced by the Hospital Staff in the treatment of patients in Hunt's House and the Out-Patient Department owing to the passage of heavy motor vehicles along Great Maze Pond. Some eighteen months ago a further effort was initiated by the Governors to close Great Maze Pond. The difficulties have been many. Three local authorities as well as the Ministry of Transport and Civil Aviation were involved, but Alderman J. M. Greenwood, J.P., L.C.C., a Member of the House Committee, has made this work his special task and, finally the Chairman had the pleasure of reporting to the Board at its meeting on the 5th October that the Ministry of Transport had made an order stopping up Great Maze Pond between Maze Pond, *i.e.*, just North of the College, and the back boundary of "The Miller of Mansfield". This Order was made when arrangements had been completed with the Borough of Southwark for them to withdraw their original objection to the closing of the road in exchange for the Hospital authorities agreeing to maintain a pedestrian right-of-way. Plans showing the position of the gates and drawings of their design have been submitted to the London County Council Architect's Department and approved by the Council.

The Order does not become effective until six weeks after the 29th September and it will then be possible to erect the gates if they have been manufactured by this time. The six weeks' gap is necessary to provide for anyone considering himself aggrieved by the Order to lodge an objection thereto in the High Court. However, as no objection was pursued at a lower level it is improbable that any High Court action will be commenced.

The pedestrian right-of-way that is planned will ultimately run across the site of the warehouse at present opposite the Casualty Department. It is to be fenced on both sides and until such time as the College is rebuilt it can only commence South of Sparricks Row, the width of Great Maze Pond opposite the War Memorial Gates being insufficient to permit the creation of a 10 ft. wide paved footpath. The Governors have agreed to maintain the pedestrian right-of-way for a period of 20 years, when the matter can be reviewed in the light of conditions then existing. The position may have to be reviewed if further extensions to the Hospital are approved and put in hand at the northern end of the rebuilding site, that is, the St. Thomas's Street frontage East of Great Maze Pond.

After all the trials and disappointments experienced in this matter it is a source of considerable satisfaction to the Governors to bring this matter to a successful conclusion and at their meeting this month they paid tribute to the initiative and perseverance of Alderman Greenwood who has carried out all the necessary negotiations.

Yours etc.,

B. LEES READ,
Clerk to the Governors.

Counting House,
Guy's Hospital, S.E.1.

Rugby Referees

SIR,—We shall once again be short of referees for the junior teams' matches. I should be very grateful if anyone who is willing to spare the odd Saturday afternoon, would contact me as soon as possible.

Yours etc.,

J. HEBER,
Secretary, Junior XV's, G.H.R.F.C.

Guy's Hospital, S.E.1.

Guy's Hospital Students Union

SIR,—I ask the favour of your columns to bring two matters to the attention of the student body, and one matter which my council feels will be of interest to all members of the Hospital.

1. The Students' Union were charged this year as in the past, with welcoming Freshers to Guy's and arranging the traditional entertainments. Our reception on the first Wednesday was somewhat disturbed by the more lively students of the 2nd year and above, and because of this it now appears likely that this type of meeting will have to be abandoned for something rather more sober. I wonder whether the firework throwers will reflect that they have succeeded in destroying something which had become a part of the first day in many students' stay in this Hospital.

Our arrangements for the tea on the Wednesday afternoon were successful, and I have to thank Dr. Joseph, Vice-President of this Union, for his welcoming address in the unavoidable absence of our President, Professor Warwick. Similarly the Freshers' Party held on Thursday the 8th, was most enjoyable, and my entertainments committee felt that this event was better this year than for many years past.

2. It is my duty to express the sincere regret of the Union Council that the dance which was supposed to have taken place in the Students' Club on Saturday, 10th October, did not take place. I should explain that this was in fact due to a lack of co-operation between our Preclinical Entertainments Secretary, and the Students' Club. Mr. Lewis, who returned from the summer holiday only on the Wednesday, did not in fact know that this date had been allocated to us, and although this by no means mitigates the responsibility of the Union Council, I hope it will help those affected to accept our sincere apologies.

3. My third item I hope will interest all members of the Hospital. It is the intention of the Union to organize towards the end of this term a 'Brains Trust' evening when a suitable panel will, under a Student Chairman, answer questions put by members of the audience. Questions will be selected by the Union Officers prior to the meeting and those questioners informed. I should like therefore to invite any member of the Hospital to address to me in writing, care of the Front Lodge, questions they would like answered by the Panel. There is no restriction upon subject, and questions on matters both inside and outside the Hospital, both serious and amusing, will be considered.

Yours etc.,

JOHN BARKER,
Chairman, Guy's Hospital Students Union.

Guy's Hospital, S.E.1.

'Do All Religions Lead to God?'

SIR,—May I, through the courtesy of the *Gazette*, draw attention to the meeting on this subject, at 5 p.m., on Tuesday, 27th October. Our speaker is to be Professor J. N. D. Anderson, O.B.E., M.A., LL.D., who is University Professor of Oriental Laws at the School of Oriental and African Studies, and Director of the Institute of Advanced Legal Studies.

By kind permission of Home Sister, this meeting is to be held in the Nuffield Nurses' Sitting Room (on the other side of the corridor past the swimming pool). The meeting will be preceded by Tea.

All members of the Hospital community, both past and present, are cordially invited to this meeting.

Yours etc.,

SIMON S. BROOK,
President, Guy's Hospital Christian Union.

Guy's Hospital, S.E.1.

OBITER DICTUM

A CASUALTY OFFICER (*to a departing patient*): "Goodbye; we will see you again if you get any better."

Montreal—September, 1959

No sooner had dawn set aglow the trailing edge of the wing of the T.C.A Constellation, with its burden of 87 sleepy souls, than there appeared 10,000 feet beneath us the coast line of Labrador.

There is no finer exhibit, for those coming from the east, of the vastness of the territories of Canada. Still, grey lakes in their hundreds, mile upon mile of fir, and the rounded tops of mountains of bare sedimentary rock reaching up toward the aircraft.

The sight of Quebec province is quite different : neat strips of farming land and small villages with their stone churches. The St. Lawrence, described by the Indians, I believe, as the 'river without end' is certainly a magnificent river with a very various shore line and a host of historical associations. One can only admire those St. Malo sailors and the English who regularly sailed there through the north Atlantic.

After landing at Montreal airport we were taken past the usual panorama of untidy buildings, wires and a medley of roads which are the suburban glories of any city. No better, no worse. Montreal itself, however, is a beautiful city. It has not the brashness which I am told sometimes creeps into the sturdy youngsters further west, and it lacks the citadel and city walls possessed by Quebec city to the east. 22,000-ton liners tie up in Montreal docks some few hundreds of yards from the centre of the city. And what an opportunity was missed when the citizenry forgot to lay down water-front boulevards, because Montreal has now no river-side life to speak of, other than the docks.

First impressions are pleasurable in Montreal, and remain so. The dress of Canadian people is strikingly English and French with just a dash of the States. Flamboyant American cars are everywhere, few European ones. This reminds one that the goods in the shops seem(most of them) to be made outside Canada, at any rate the ones I saw. The city of Montreal is building at an enormous rate and often destroying what in Britain would be considered serviceable dwellings. Upon the face of Mount Royal overlooking the river and the centre of Montreal stands the Montreal General Hospital, an imposing modern red brick building with what must be one of the finest hospital views anywhere. Below it lie the precincts of McGill University, which give one a sharp feeling of being back in this country. Further unusual features about Montreal are the numbers of fairly old buildings like the St. Joseph's Oratory and the fact that it boasts several museums, an art gallery and a thriving theatre (a rare thing in Canada, I'm told).

We were there in Montreal for the first Canadian symposium on non-gonococcal urethritis and human trichomoniasis. The meetings were held in the Notre Dame hospital. This is partly new and partly old (the old part all of thirty years). The new wing is very impressive and has only recently been completed, and it appears that no expense has been spared in this, the largest French-speaking hospital of the area. We were told, moreover, by the deputy to the Minister of Health in the preamble to our discussions that such buildings as this were to be erected right across Canada ! What a prospect. One immediately looked east to this country in one's mind's eye . . . and was grateful to see the vision of New Guy's House amongst the barns and cottages which make up many of England's hospitals today.

The symposium itself was a busy one and informative and drew contributors from half a dozen or so countries : the linguists among us had a field day.

Venerologists are scarce in Canada ! The sessions were taken care of by Mr. Bourgeois, emeritus professor and senior urologist, Professor Marin, Mr. Maughan, professor of gynæcology from McGill, and Mr. Simard, professor of gynæcology from Quebec.

It was said to me in conversation that Canada finds itself with plenty of college room for medical students, and that it was with some surprise Canadians heard from Lord Cohen when over there how large was the number of applicants received by medical schools in England these days.

Some of the greatest pleasure to be derived from these gatherings is in meeting people, and it was good to find one or two who recalled pleasant associations with Guy's men. And of course not least of one's enjoyment is roaming strange places and discovering the local deities. The distance seems small when one remembers these things.

A.S.G.

MEDICOS LOOK AT . . . .

Many readers of the *Gazette* will have noticed that the lighting in the main streets near the Hospital is being changed. One hopes that the new lights will be efficient and safe, but there is another aspect of this activity which is of considerable importance. The type of lamp-standard used should have a design which is pleasing to the eye as well as technically competent for the purpose of lighting. This problem became prominent recently when a well-known actor battled with a local council over changing a lamp-post in front of his house. At their conference in Aberdeen in September the Association of Public Lighting Engineers were told by the opening speaker that the design of their lamp-standards was as important as the purpose for which they were put up. What we see while we work or on our way home has a considerable unconscious effect on our outlook. Even the staid letter-writers of the *Times* remarked on the charm and enchantment produced by the clothes worn by the young women in the City during the recent warm summer months. It may be too much to expect similar letters from Southwark gentlemen about the new lamp-standards, which are pleasant in shape but a little too plain.

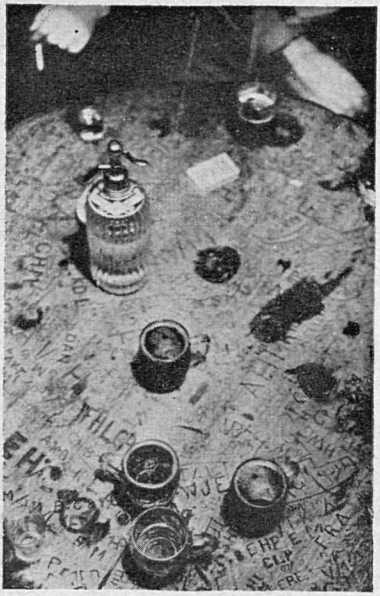
The main point is that with so much rebuilding in London, whether street lighting or buildings, it is essential that the new structures should be architecturally beautiful. Can one say this about the new buildings going up in London ? Perhaps one may take a look at one of the most striking of these, Castrol House, on the north side of Marylebone Road, west of Baker Street. The main part consists of a tower of 15 stories flanked by only 2 stories on one side and 3 stories on the other. The tower itself is larger than its lowest part and gives a pleasing effect of being balanced on its base. The walls appear monotonous although the west wall is staggered by the lift-shafts. The different levels on either side of the tower, the canopy over the entrance, the use of mottled white stone on the lower parts and blue-green stone on the tower are attempts to break the monotony, but one still has the feeling that the main structure is too much like a series of boxes.

Before one passes what can only be a temporary judgment on this building (we are not used to this new style of architecture) it is more than enlightening to take a short walk along Marylebone Road in a westerly direction. Next to the new building is a late pre-war building of stone, squat, solid and heavy with some Greek columns set in the centre of the front facade well above street level, and next to that a fairly typical red brick Victorian hotel with a fussy front of symmetrical projections. The next building is the "new" Woolworth's head office. One puts the word "new" in inverted commas because the design is anything but new. It is built in stone and although much less heavy than the building already referred to, apart from a modern type of railing in front of the building itself, it could have been built at any time in the inter-war years. It has a large crest with an enormous "W" in its centre at the top and a small group of statuary above its entrance. On either side is a shallow carving of what appears to be a man fallen down and lifted up. Next to this building is what looks like a Victorian baronial building, now a L.C.C. Institute.

On the opposite side of Castrol House are the Marylebone Town Hall and Library, both in stone and in what can only be described as imitation Greek style. Next to these are a building society headquarters, some offices and two hospitals mainly in the neo-Georgian style so popular between the wars, and even more recently. Of considerable interest is a row of somewhat dilapidated houses with gardens, probably scheduled for demolition. These, if looked at architecturally, are pleasant buildings. The point in all this description is that one should now go back and look at Castrol House and one can appreciate that here is something new in design and materials, a modern building in no way imitative of another period. It gives one an impression of airiness and lightness, but there still is one major criticism. It is monotonous.

If this is going to be common design of modern buildings how can this monotony be avoided ? In other styles of architecture the facade of a building is frequently decorated or sculptured, as one writer described it. The Victorians over-sculptured their buildings and this is a valid criticism of some Gothic architecture. Georgian buildings relied on their balance and proportions and one can easily see why neo-Georgian architecture became fashionable during the inter-war years when clutter became unpopular. That modern architects are aware of the unvarying regularity of their facades is shown by their attempts to relieve the uniformity. They do so by varying the levels of the different parts, staggering the windows, using different coloured materials for different levels, having a canopy

of different material, *e.g.*, marble over the entrance, recessing part of the building, etc. In spite of this the description "egg box" is fairly apt for Castrol House. There appear to be two possible solutions to the problem. Either the buildings are regarded as part of a landscape covering a large area, or the immediate surroundings of the individual building are decorated as seen in the Unesco building in Paris. It is hoped that both these methods of solving the problem will be discussed in some future notes, but it should be added that modern architecture is not limited to the curtain-wall type of building, although there is apparently little that is both modern and different to be seen in London at the moment.



'THE SHIP AND SHOVEL'
1940

The table which was rescued when the public house in Great Maze Pond was gutted by fire during the Blitz.
(see note in 'Passim')

REVIEWS

The Rewards of Medicine and other Essays. By HUGH BARBER. H. K. Lewis & Co. *Price* 15*s.*

Dr. Barber will need no introduction to most readers of the *Gazette*, and nine of the fifteen essays collected here have, in fact, appeared in it during the past nine years. The student and recently qualified doctor will derive much pleasure and value from them and will be grateful that they are available in this compact volume.

The wisdom and humanity of the author is evident and one soon appreciates that he has had not only a happy, but also a satisfying career in his profession. The essays dealing with old age and the dying contain more sensible and humane advice to the young doctor than the endless stream of papers produced by committees of learned physicians and anonymous bureaucrats to which he is likely to be subjected in the second half of the twentieth century, as our rulers tackle the next most urgent social problem—namely, the ageing population.

The history of medicine is one of Dr. Barber's leisure activities (and I use the word "leisure" in the sense of the Greek σκολγ) and he is both entertaining and instructive in his accounts of "holiday habits", the notorious "body snatchers", whose activities the great Astley Cooper supported, and other topics; few, however, would consider Erasmus Darwin other than the "worst poet in Christendom", as a contemporary described him. Dr. Barber may be interested to know that, just over fifty years after his undergraduate days, a course of lectures

on the history of medicine has been given at Guy's, but it was found that eight lectures were not sufficient to do justice to his subject and someone even as intrepid and knowledgeable as Dr. Barber would find it difficult to cover the ground in two.

Dr. Barber's plea for including such lectures in the curriculum is worthy of serious consideration, despite the ever-increasing demands on the student's time, if only to introduce a humane discipline into an already overcrowded curriculum, and thus avoid the danger of producing a highly skilled and scientifically trained barbarian, instead of the cultured member of a learned profession which the student should become.

Dr. Barber has had a lot of fun and pleasure among the classic English authors, which stimulated us to read again Smollett, Trollope, Jane Austen and others. He tells us we shall find much medical wisdom in their books, but he is a little unfair to the moderns and we surely can find much sagacity to help us in dealing with our mid-twentieth century patients in the pages of Graham Greene, Maurois, Hemingway, Sartre, Huxley, Koestler and even Tennessee Williams.

Dr. Barber was fortunate to be born and to grow up when σκολγ still had its correct meaning and leisure was not confused with recreation, so it is not surprising that he cares little for those whose only Schole is Eros, or who are unduly preoccupied with thanatos. We would like to read some more from his able and entertaining pen. E.J.M.

Pharmacology in Medicine. By VICTOR A. DRILL, PhD., M.D. Lecturer in Pharmacology, North Western University Medical School, and Professorial Lecturer in Pharmacology, University of Illinois College of Medicine. 2nd Edition. McGraw-Hill Book Company Inc. New York, Toronto, London. Pp. 1243. *Price* 151*s.*

This is in many ways a magnificent book. Dr. Drill, with eighty-five collaborators, many of them amongst the leaders in their particular field, have covered the whole field of pharmacology as it is applied to medicine.

The book is divided into nineteen sections dealing with various groups of drugs, except for section I, which discusses general principles. The sections are further divided into a number of chapters dealing with individual drugs or with smaller groups of drugs.

In any book produced by a large number of collaborators there is inevitably a certain amount of unevenness in style and quality, but there are no real bad patches in this book and many of the chapters are of a very high standard. In the second edition the text has been brought up-to-date and an account of new drugs been included. The method of indexing has been revised and is a great improvement.

It must be stressed, however, that this book is about pharmacology in medicine and is mostly by pharmacologists. It is not a complete textbook of therapeutics. If, for instance, the reader wants to know how to treat a hypertensive patient, he will find a very good discussion in general terms of the problems involved, and if he searches in various chapters he will find accounts of the various drugs which he may use; what he will not find is a clear account of which drug or drugs to use for the particular patient under consideration. This is not intended as a criticism, but to define the limits of usefulness of this book. In fact, the reviewer feels that it should be found in the medical and pharmacological libraries of every hospital. It should prove invaluable as a book to which the physician or the pharmacologist can refer when he requires a full, accurate and up-to-date account of almost every drug which is used in medicine today. J.R.T.

Applied Pharmacology (*Clark*). By ANDREW WILSON, M.D., Ph.D., F.R.F.P.S. and H. O. SCHILD, M.D., Ph.D., D.Sc. J. & A. Churchill Ltd. 1959. Ninth Edition. 750 pp. *Price* 50*s.*

The authors must be congratulated on the much improved ninth edition of this book. It is evident that no effort has been spared by them to include all the important recent additions to the subject without greatly increasing the size of the book. This is no mean achievement, since pharmacology is nowadays one of the most rapidly expanding of the medical sciences. The success of the authors may be partly assessed by the fact that although some 100 new substances are described in this book for the first time and the index shows a growth from 20 to 30 pages, the body of the book is increased by only 50 pages. This edition also includes no less than 65 new figures and new chapters on the pharmacology of tuberculosis and of drugs affecting mental activity.

In spite of the unavoidable condensation, this compendium of knowledge remains highly readable. It is eminently suitable for the clinical student and an invaluable addition to the book-shelves of the practicing physician. In the opinion of the reviewer, it represents the best value for money in the "pharmacological" market today. J.A.N.

SPORT

RUGBY

Guy's v. United Services, Portsmouth

Result—Lost 20-0

This was a disappointing game. In the first half Guy's looked the better side, showing more ingenuity in their play, but in the second half the tables were more than turned, and the game resolved into a procession of scoring Services movements.

Guy's attacked from the start, and several times came close to scoring. First there was a scissors movement between Biggs and Thomas. Then a good kick to the wing by Nicholas bounced unkindly for Biggs. Both sides were making efforts to keep the game open, but poor handling and passing on the Guy's side resulted in some scrappy play. Services went ahead after ten minutes with a penalty taken ten yards inside touch. This followed a similar attempt by Myall that was just short. The Services back line was having some trouble in getting under way due to Bryant's cose attention on their fly-half. Bryant had a very good game, appearing everywhere, and putting in some good defensive kicking. He appears to have joined the ranks of those who sign autographs. Biggs looked the most dangerous back on the Guy's side while Gaunt from the services showed some powerful penetrating running in the centre. Blackwell and Harris were jumping well in the line-outs. Just before the interval Guy's came close to scoring when Ribiero was well tackled by the Services full-back just short of the line.

Little complimentary can be said of the Guy's performance in the second half. Worn down by the heavier Services pack the forwards seem to have lost their enthusiasm. They appeared to be suffering from a peculiar inability to pick up the loose ball and start a movement. The backs showed little penetration apart from Biggs. They allowed the Services to score through poor tackling, apart from a fine tackle by each wing. This was partly due to Leyshon sustaining an ankle injury. The Services on the other hand improved considerably. A switch between the fly-half and one of the centres paid dividends, and their three-quarter line showed pace and thrust. They were ably backed up by the forwards who handled well in the loose.

Team : R. Myall; R. Ribiero, J. Leyshon, J. Thomas, D. Biggs; J. Nicholas, N. Boyd; A. Knight, W. Patterson, R. Parker, P. Harris, B. Blackwell (capt.), T. English, J. Gritton, J. Bryant.

Guy.s v. Cambridge University

Result—Lost 32-5

This game was not as one-sided as the score indicated. The Cambridge side included six Blues. Once again the Guy's side seemed afraid to pick up the loose ball.

Cambridge attacked from the kick-off but were forced back by some excellent touch-kicking by Nicholas who had a good game at fly-half. Pagliero was wide with a penalty kick. A scrum under the Cambridge posts gave Nicholas a chance of a drop goal but his kick was just wide. From a short penalty Cambridge produced a good three-quarter movement and their back line looked dangerous. Good covering by Lloyd-Edwards averted a try. However another penetrating three-quarter movement resulted in a try through the centre. Cambridge handled the ball in style, but a good defence by Guy's prevented a score. From a defensive position Nicholas placed a good kick to the wing which Biggs took in full flight, and made a fine run of thirty yards before he was unfortunately stopped by the Cambridge full-back.

In the second-half Cambridge opened the scoring with a drop goal following a good three-quarter movement. Then from a line-out Biggs made a break passed out to Bryant who placed a kick to the corner flag which Ribiero gathered beautifully and scored. Pagliero put over a great conversion from the touch-line. Inspired by this Guy's tried a high kick ahead from a Patterson mark but Cambridge stemmed the attack. The University scored a try from a lucky touch-down. The game ended in the accepted manner with Cambridge scoring a number of tries in which almost everyone handled the ball. The score was magnified by the number of conversions. In short the University were too strong for Guy's, particularly in the backs.

Team: M. Pagliero; R. Ribiero, J. Leyshon, J. Thomas, D. Biggs; J. Nicholas, N. Boyd; R. Parker, M. Patterson, A. Knight, B. Blackwell, P. Harris, T. English, D. Lloyd-Edwards, J. Bryant.

ASSOCIATION FOOTBALL

Guy's v. University College 2nd XI

Result—Lost 3-0

Many of the Guy's players were very disappointed after this defeat. They claim that they were refused a penalty in the early stages of the game, when a goal would have made all that difference, and that the scorer of University College's second goal was offside when he received the ball.

Guy's started very badly and only some fine interceptions by Trayfoot in the first twenty minutes prevented the opposition taking the lead. During this period Carmichael pulled a muscle and was virtually a passenger after that. Gradually Guy's came more into the game and it came rather as a surprise when University College took the lead after half-an-hour. The ball was swung out to the right and as Lamb went to clear a gust of wind carried the ball inside him and University College's outside right ran in to score with a fine shot into the corner of the net.

For the first half hour of the second-half it was all Guy's and shots from Heath, Landers and Wright were only just wide but the University College defence stood firm and Hudson in the University College goal made some fine saves. Then came the disputed goal which took all the steam out of the Guy's team and University College added further to their score just before the final whistle.

One bright spot in Guy's rather unlucky afternoon was the performance of Shepherd, a fresher, whose eye for making an opening will cause many defences a lot of trouble during the forthcoming seasons, but the team must tighten in the defence and get the ball across much quicker from the wings.

Result :

Guy's 2nd XI v. Royal Dental 2nd XI

Result Won 2-1

HOSPITAL INFORMATION

APPOINTMENTS VACANT

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1.

Applications are invited for the post of **Resident House Physician (with Casualty Duties)** for six months from 1st December, 1959. Appointment recognised for the D.C.H. Candidates must be registered practitioners, and should apply giving age, nationality, qualifications (with dates), and copies of three recent testimonials, to the Hospital Secretary by first post on **30th October, 1959.**

GUY'S HOSPITAL, MAUDSLEY HOSPITAL AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for appointment as **Senior Registrar in Neurosurgery.** The appointment will be made jointly by the bodies concerned and will be held alternately at the Guy's-Maudsley Neurosurgical Unit and at the Regional Neurosurgery Centre at the Brook Hospital. The appointment will commence on the 1st January, 1960, and will be subject to annual renewal.

Applicants should have had Registrar experience in Neurosurgery and should have a higher surgical qualification.

Apply to the House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5, for form of application returnable by **9th November, 1959.**

PASS LIST

UNIVERSITY OF OXFORD

Long Vacation, 1959

2nd *B.M. Examinations*

General Pathology and Bacteriology

M. B. Siner

Forensic Medicine and Public Health

S. R. Meadow

Special and Clinical Pathology

M. C. O. Bax — S. R. Meadow
J. L. Lane

UNIVERSITY OF LONDON

General Second Examination for Medical Degrees

September, 1959

R. J. O. Smith — A. P. A. Trayling

CONJOINT BOARD

L.R.C.P., M.R.C.S.

First Examination

September, 1959

Anatomy

J. C. G. Carmichael

Physiology

A. M. Baynes — P. D. Jackson
J. C. G. Carmichael

Pharmacology

M. D. Awty — N. P. A. L. Harper
E. Barker — L. M. Li Saw Hee
M. E. Blacklee — W. A. Landers
A. G. Boohene — J. A. Ogyaadu
S. S. Brook — M. C. Rallings
M. E. Cavendish — R. Stilwell
W. S. C. Cox — N. Stoddart
D. G. Daniel — M. A. S. Stoby
P. G. J. Dobson — J. G. B. Thurston
P. J. Doust — J. P. Vaughan
P. M. J. Ephson — W. A. Wallbank
C. V. Everard — G. P. Williams
R. A. Forster — E. Young
I. W. Hanwell

GUY'S HOSPITAL MEDICAL SCHOOL

Clinical Students

October, 1959

Miss M. E. Abel	Cheltenham Ladies' College and Girton College, Cambridge
D. J. Allan	Epsom College and Clare College, Cambridge
N. J. Barwell	St. Albans School and St. Catharine's College, Cambridge
C. D. Binnie	Felsted School and Downing College, Cambridge
M. V. Bright	Uppingham School, Rutland and St. John's College, Cambridge
C. E. Briscoe	Eton College and St. John's College, Cambridge
J. A. S. Carruth	Repton School and Emmanuel College, Cambridge
N. M. N. Cohen	Westminster School and Trinity College, Cambridge
M. G. F. Crowe	Bootham School, York and Magdalene College, Cambridge
D. G. Fagan	William Ellis School and St. John's College, Cambridge
J. R. W. Gumpert	The Leys School, Cambridge and Queens' College, Cambridge
B. M. Guyer	Portsmouth Grammar School and Trinity Hall, Cambridge
D. S. Holland	Chichester High School and Corpus Christi College, Cambridge
R. H. Jago	Eastbourne College and Corpus Christi College, Cambridge
R. B. Jones	Haberdashers' Aske's Hampstead School and Brasenose College, Oxford
R. G. M. Jones	Brentwood School and Gonville and Caius College, Cambridge
J. V. M. Kemble	Charterhouse and King's College, Cambridge
M. S. King	Hereford Cathedral School and St. John's College, Cambridge
P. M. Leney	Eastbourne College and Trinity College, Cambridge
C. R. Lucas	Portsmouth Grammar School and Trinity Hall, Cambridge
V. Lukshumeyah	Wellingborough School and Fitzwilliam House, Cambridge
B. J. Main	Rugby School and Queens' College, Cambridge

R. N. Maini	Government Indian School, Kampala and Sidney Sussex College, Cambridge
A. R. N. Maister	Diocesan College, Rondebosch and University of Witwatersrand
D. T. Mansie	Oundle School and Jesus College, Cambridge
T. C. Northfield	Radley College and Peterhouse, Cambridge
D. A. Rees	Dulwich College and Emmanuel College, Cambridge
Miss M. A. Rossiter	St. Felix School, Suffolk and Girton College, Cambridge
M. S. Shields	Beaumont College and Trinity College, Cambridge
G. Stewart	University College School and Peterhouse, Cambridge
T. A. M. Stoker	Tonbridge School and Corpus Christi College, Cambridge
J. J. M. Upton	Clifton College and Peterhouse, Cambridge

NURSING NEWS

Entered :
Sister E. Foelmer to *Evelina.*
S/N J. Stevens to *New Cross Theatres.*
S/N R. Price to *Miriam and John.*

Left :
S/N D'Souza, *Theatres.*
S/N M. Girdlestone, *New Cross Orthopaedic Ward.*

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 4s. 3 lines 10s. 6d. Box Numbers 9d. extra.
Ordinary rates 10s. 6d. per line. Box Numbers 1s. extra.

For Sale

TASMANIA.—Guy's doctor wishes to dispose of his practice in rich agricultural area. Full details available from Mr. Goodliffe, Appointments Bureau, Guy's Hospital Medical School, S.E.1.

SOMERSET, on coast, opportunity for energetic young Dental Surgeon to set up at "minimum" outlay. Full equipment and "Good-will" of old established practice for Sale with introduction of taken over quickly, retiring. Box No. 194.

Required

GUY'S DOCTOR with administrative appointment requires house for three children in S.E. area. Write Box No. 193.

CLERK (tempy.), for addressing envelopes to Medical Practitioners. Write Box 500.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Cavanagh, J. B. and others. Cerebral Demyelination Associated with Disorders of the Reticuloendothelial System. *Lancet* 1959 ii, 524.

Christie, B. G. B., Sullivan, F. M. and others. Glycyrrhetinic Acid Hydrogen Succinate (Disodium Salt). A New Anti-Inflammatory Compound. *Lancet*, 1959, ii, 492.

Clarke, Ruscoe. Movement and Pain in the Treatment of Injuries. *Med. World*, 1959, **91**, 203.

Coxon, R. V. and another. The Transport of Radioactive Carbon Dioxide in the Blood Stream of the Dog after Administration of Radioactive Bicarbonate. *J. Physiol.*, 1959, **147**, 469.

Coxon, R. V. and another. Movements of Radioactive Carbon Dioxide within the Animal Body during Oxidation of ^{14}C-Labelled Substances. *J. Physiol.*, 1959, **147**, 487.

Kendall, P. Hume. The Management of the Deranged Sub-acromial Joint. *Proc. R. Soc. Med.*, 1959, **52**, 761.

Oliver, Leslie. Expanding Lesions of the Temporal Fossa. *Postgrad. med. J.*, 1959, **35**, 546.

Stanford, R. W. and another. A Review of the Dangers of Radiation in Dentistry. *Brit. dent. J.*, 1959, **107**, 155.

Williamson, A. W. R. and others. The Effect of Acute Addition Acidosis on Experimental Haemorrhagic Hypotension. *Surgical Forum*, 1958, **9**, 43.

CHANGES OF ADDRESS

Peter M. F. Bishop, F.R.C.P., 56, Wimpole Street London W.1. (Welbeck 8737).

G. L. S. Rankin M.B. B.Chir. 32, Trinity Street, London, S.E.1. (Hop 0521).

A. W. R. Williamson, F.R.C.S., 1, Keswick House, Raymond Road, Wimbledon, London, S.W.19. (Wimbledon 6428).

James F. Wylie, L.D.S.R.C.S., 151, Rickmansworth Road, Watford, Herts. (Watford 27469).

BIRTHS

BOSWELL.—On 4th October, 1959, at Balmuto, Combe Down, Bath, to Joan (née White), wife of David R. Boswell, B.D.S., a daughter (Katherine Anne), sister for Robert and Andrew.

BULSTRODE.—On 7th October, 1959, at Redruth Hospital, to Molly (née Morgan), wife of Dr. Christopher Bulstrode, a daughter.

EDDEN.—On 6th July, 1959, at Umtali, S. Rhodesia, to Rosemary (née Smith, S.R.N.), and Michael Edden, a son (David Michael), brother for Deborah and Rosalyn.

FINKEL.—On 9th October, 1959, to Jeanette, wife of Wallace Finkel, L.D.S., a daughter (Deborah), a sister for Irving, Angela and Jennifer,

O'BRIEN.—On 2nd October, 1959, to Shirley (née Chambers), and Pat, a daughter (Anna Judith), at Huntbridge House, The Green, Matlock, Derby, sister to Helen.

OWENS.—On 21st August, 1959, at Carleys Bridge House, Enniscorty, Co. Wexford, Eire., to Carley and Dorothy Owens (née Eaton), a daughter (Sheelagh Rosemary), sister for Trevor, Margaret and Jackson.

SNAITH.—On 15th September, 1959, to Mary (née Chalmers, S.R.N.), and Philip Snaith, M.B., B.S., a son (Douglas).

MARRIAGE

SMITH—LOVELESS.—On 5th September, 1959, at St. Mary the Virgin Church, Wivenhoe, Essex, Roydon Harold Smith to Joan Mary Loveless, S.R.N.

DEATHS

HINCHCLIFF. — On 4th October, 1959 at the age of 97 years, Sara S. Hinchcliff, (Nurse Hinkley, 1896, O.P.), the wife of C. J. Hinchcliff, L.D.S., 29, Ridgeside Avenue, Brighton, 6.

STOUT.—During September, 1959, aged 76 years, Robert Stout, M.D., of 16, The Terrace, Wellington, New Zealand.

TILBURY.—On 12st September, 1959, Robert Tilbury, M.R.C.S., L.R.C.P., of 41, Wildcroft Manor, Putney Heath, S.W.15.

EDS. { J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1860 *7th November* 1959 *One Shilling*

PASSIM

GENERAL practice is at the moment the subject of considerable discussion, both within and outside the profession, and everyone with the least possible excuse to do so has aired his views on the proper function and future of the General Practitioner. Is he to be a semi-skilled drudge or a new type of specialist, an office boy or a co-ordinator of all the medical services ? It was, therefore, particularly interesting, at a conference arranged by the *Medical World*, to hear general practitioners discussing their own future. The topics discussed ranged from the mechanics and economics of running a practice, during which there was more than one plea for a wider employment of the appointment system to replace or supplement the fixed surgery, to the role of psychiatry in general practice. In discussing the long-term care of the elderly, the feeling of the meeting was definitely against the establishment of Geriatric Units, even in such a modified form as the geriatric communities to be found at the present time in Holland and Scandinavia, and although the recent appearance of the geriatric specialist was welcomed it was generally considered that old people should remain in their own homes to the very last moment that is practicable, in their own family environment, under the care of their own doctor. Someone aptly quoted Mr. Bevan's remark to the effect that 'old people would prefer to watch other people's prams than each other's funerals'. A suggestion that G.P.s try to push old people into institutions was vigorously repudiated. Throughout the conference one was impressed by the fact that although such care of the elderly (with the present rapid increase in the proportion of old people in the community), and the widely supported suggestion that psychiatry should have a larger place in general practice, would greatly increase the work of the G.P., the great majority would accept such a burden with pleasure. Whatever the experts may plan for his future the general practitioner is obviously determined to continue in general practice, to know his patients and their families, and to treat their illnesses as nobody can who is a stranger to their personalities and their environment.

Mr. Gerald Gardiner, Q.C., was welcomed by the Quodlibet Society last week, when he spoke about "The Doctors and The Lawyers". This wholly admirable Society continues to present an invigorating and stimulating programme for its members. The next meeting is announced on page 398.

The Brains Trust announced in our last issue by the Chairman of the Students' Union, Mr. J. P. Barker, promises to be a stimulating occasion. Dr. Keith Simpson, Dr. David Stafford-Clark and Professor Roger Warwick have already agreed to take part in the "panel" on 3rd December, and further names will be announced.

We welcome this month our clinical visitors from the Johns Hopkins Hospital, Baltimore, for 1959. To Dr. J. Magladery, Neurologist in chief, and Professor Earl Walker, Professor of Neurological Surgery, we extend on behalf of Guy's men and women our most cordial greetings.

It is with pleasure that we congratulate the joint winners of the Christmas Card Competition announced in our pages earlier this year. Dr. Leigh Parry's drawing of the Chapel will be reproduced in the *Gazette* next month, and Mr. Wu's agreeable sketch of Guy's House in moonlight has been reproduced and will be available later this month, when its blue and white face with black sketching will be an innovation among the well-tried favourites of crested cards and Hanslip Fletcher etchings.

We have heard with no little pride that the Nutrition Society of Great Britain recently lunched in the Spit.

Martin Bax, Editor of *Ambit*, was approached by the B.B.C. recently and was asked if he would give a broadcast ! He has now recorded a talk which should be broadcast in the programme " Two of a Kind " in the Home Service on 17th November.

GUY'S DIARY

NOVEMBER			Exhibition. Department of Surgery. *Head Injuries.*
9th	M	1.00	Sir Russell Brock. Clinical Lecture. *Empyema.*
		5.15	Endocrine Demonstration, Physiology Lecture Theatre. *Dwarfism.*
11th	W	4.30	Science Club. Dr. C. A. Clarke. *The Evolution of Mimicry in Swallowtail Butterflies.* Staff Common Room. 4.30 p.m.
12th	Th	1.00	Mr. Glover. Clinical Lecture. *Varicose Veins.*
14th	S	10.00	Surgical Departmental Round, conducted by Professor A. J. H. Rains (Charing Cross Hospital).
16th	M	5.15	Endocrine Demonstration, Physiology Lecture Theatre. *Thyrotoxicosis.*
19th	Th	1.00	Mr. Lawrie. Clinical Lecture. *Carcinoma in the Mouth.*
20th	F	1.00	Dr. G. O. Barber. Clinical Lecture. *A Day in Country Practice.*
23rd	M	1.00	Dr. Stafford Clark. Clinical Lecture.
23rd	M	5.15	Endocrine Demonstration, Physiology Lecture Theatre. *Diabetes Insipidus.*
24th	T	1.00	Dr. Evans. Clinical Lecture. *Telling the Parents.*

NOTICES

REMEMBRANCE DAY SERVICES

Sunday, 8th November

7 a.m. Holy Communion.

8.20 a.m. Holy Communion.

10.45 a.m. Morning Service during which the 2 minutes Silence will be observed. At the end of the Service a wreath will be placed at the Memorial Gate by the President of the Residents.

CHRISTMAS CARD COMPETITION

This competition was announced in the *Gazette* during the summer. The judges, Dr. W. N. Mann and Mr. J. S. Tomkinson, have nominated two entries jointly for first prize, and the first and second prizes offered by the *Gazette* Committee, of ten and five guineas, will be divided equally between the two winners. They are Dr. Leigh Parry, of Stamford, Lincs., and Mr. Y. C. Wu, of Guy's Hospital Dental School. Dr. Parry's design will appear in the *Gazette* in December, while Mr. Wu's card has been reproduced, and will be available with the other Guy's Christmas cards at the end of this month.

GUY'S HOSPITAL SOCIETY, BOURNEMOUTH AND WESSEX

The Fourth Annual Dinner of the above Society will be held at the Norfolk Hotel, Bournemouth, on Friday, 4th December, 1959, at 7.30 p.m. for 8.15 p.m., followed by the Annual General Meeting.

Tickets for the Dinner, price 25*s*., may be obtained from the Hon. Secretary, Mr. E. A. Weaver, or the Hon. Treasurer, Dr. G. Westgarth Taylor, at "Tudor Ridge," 40, Glenferness Avenue, Bournemouth.

A WELCOME GIFT FOR FREE CHURCH FOLK

The Guy's Hospital Ladies' Association have placed many people in their debt with their gracious gift to the Hospital of a Communion Set for use by the Free Church Chaplain and other Ministers. One has always to strive for the atmosphere of a Communion Service in the middle of a busy ward, but the very beauty of this gift will make the task much easier.

This Communion Set was dedicated for its use at what we hope will be the first of many Annual Services for Free Church members of the staff, in the Hospital Chapel, on 30th September.

At the request of some of these, there will be Free Church Communion, in the Chapel, on Wednesday, 11th November at 8.45 p.m. Our "Table" is "Open," and all who wish to come will be welcome.

SIDNEY FRANKLIN,
Free Church Padre.

ERRATA

We must apologize for some misprints in Messrs. Blackwell's announcement of Medical Books in the Publishers' Number of the *Gazette* in October. In particular, the Textbook of Human Embryology, by Professor R. G. Harrison, is published at 45*s*. We also apologize for the bizarre and unpronounceable errors in Greek type which crept into the review pages of our last issue and evaded the unwary proof-reader.

IS SCIENCE ENOUGH?

By H. St. H. VERTUE

Sometimes our family physicians find it difficult to name the illnesses from which their patients suffer, for in truth there may be no apt, compendious name. Nevertheless, the patient must have his label, that he may take it to the Post Office, whence he draws his "sickness benefit". In that case the doctor has recourse at times to jargon. The patient, he says, has a sinewy or a stringy feebleness (nervous debility), or a straining at the sinews (neurosis), or his illness is in some way connected with beavers, "fibrositis" (*fiber*, *fibro-*, a beaver). The paymaster, the Minister of Pensions, will then assume the air of Mr. Clennam in *Little Dorrit*, who "wanted to know, you know", and will in time ask for a medical examination and report. So it fell about one day that there confronted me a school-mistress, mild and elegant, whose label was "debility", whose malady exhaustion; and from her lips I learnt that it was a class of no less than fifty untrained and undisciplined children that had worn her down. Soothing her with a remark that I did not suppose that she would be returning to work that term, I took note of the power of perception, the intelligence and the sensitiveness portrayed in the clear, dark eyes, the broad brow and the long, slender fingers and ventured a question. "The preposterous size of your class" I said, "indicates a dearth of teachers. Is it the children themselves that cause the shortage? Are they so tiresome and so troublesome that few will now come forward to teach them?" "Well, yes" she said, "it is". Then she told me what her class was like; and since similar tales have come to my ears from similar sources, I suspect that the popular belief is right that the child of today, though bigger and healthier than the child of yesterday, is more difficult to train and less well behaved. That adolescents too are not seldom unpleasant and ill-mannered I know from observation. That there is a rising tide of juvenile crime is a fact. Something, therefore, in the way that children are brought up has gone wrong, perhaps several things; but the one among them that has the greatest interest and the most far-reaching consequences springs from a philosophical error, the failure to make a concord of all knowledge.

Had you taken your medical degree in the seventeenth century at Oxford or Cambridge (as yet there was no Thomas Guy) and had you been eager for wisdom and ambitious for knowledge, you might have found interest in Descartes as well as in Boyle, in van Helmont as well as in Harvey; Plato or Aristotle could have claimed their share of your attention; from the famous Dr. Willis of Christ Church you could have received instruction in the Sensitive and the Rational Soul as well as in the organs of the body; and the architect of St. Paul's might have been your Professor of Anatomy. In fact you had the chance to become a whole man. But error has crept in since those days, the error that caused science to be shut off into a separate compartment. It is not new, for Anaxagoras was the first victim, in the fifth century B.C.. He was one among the wonderful band of the Pre-Socratic philosophers. He first set forth the doctrine of chemical combination. "There is no creation and no destruction" he said, "but new bodies arise when those already in existence combine or separate". His theory of "seeds",

not precisely atoms, did not perhaps hold water; but the theory led directly to atomism. On astronomy he had advanced opinions and his philosophical work was enjoying an immense success, when a wretch, whose name I will not even mention, prosecuted him for impiety. He fled from Athens to Lampsacus, where every year after his death the children had a holiday in honour of the great philosopher, who had found shelter among them. A single, universal Mind was postulated by Anaxagoras, separate from all, knowing all, disposing all, a notion both simple and magnificent. Mind, "Nous", was his nickname; and he spoke and looked as a philosopher should do. Yet I find Socrates raising petulant objection because in Anaxagoras's system chemical and mechanical actions determine change. "After a wonderful expectation I found myself undone, for I saw that he was not making use of Mind and not bringing it forward as the cause of order, but was invoking air, aether, water and many other oddities". Socrates now made up his own mind that he would thenceforward confine his enquiries to the abstract. We should see nothing strange today in a theory that Mind produces order by chemical or physical means; but Aristotle too was baffled and censured Anaxagoras for only dragging in Mind when he wanted to get himself out of a difficulty. But the Atomists, to their eternal credit, stood firm. To Democritus and Epicurus the moral and the physical law were equally matters of moment; and when the light of the Renaissance dawned upon mankind, the desire to embrace all wisdom was revived. It is to men of this stamp, to Parmenides, Empedocles and Anaxagoras, to Democritus and Epicurus, to Lucretius and Shelley, that I give my suffrage—to Shelley, whose earnest application to David Hume or Spinoza or Plato was so intermingled with a reckless enthusiasm for chemistry that his friends were afraid lest he might blind, maim or kill himself or blow up University College.

Out of these seven men of soaring intellect four were inspired by a goddess, two by the same one, Empedocles by Aphrodite, Lucretius by her Latin counterpart Venus. Then in the fifth century B.C., Parmenides had prefixed to his philosophical poem a stately proem, telling how he journeyed from darkness into light, conveyed in a chariot by the daughters of the sun, while the axles sang in their sockets, up to the abode of a goddess, mighty but benign, who taught him all things from metaphysical reasoning to astronomy and cosmology. In the nineteenth century A.D. our Shelley prefixed to *his* philosophical poem "Queen Mab" an elevated and romantic introduction, telling how the sleeping maiden Ianthe was wakened by the Fairy Queen and conveyed in *her* pellucid car by the coursers of the air, to witness astronomical marvels and to be instructed in the wonders of nature and the secrets of the human world. Sweet is the song and high is the heart, when beauty and philosophy celebrate their marriage!

But alas! the Universities have set the current running in the opposite direction. They have instituted, perhaps under the influence of Aristotle, not one but two chairs of philosophy, with a professor of physical or natural philosophy in one, of moral philosophy in the other. The former of these two studies has become known in time as science, a word that is simply a translation into Latin of Aristotle's *episteme*. By *episteme* is meant an acquaintance with facts, an understanding of material things. As science it is knowledge founded upon

observation, organized by reason and capable of demonstration. While the physical philosopher has been emerging as the scientist, the moral philosopher has dropped his *praenomen* to become simply the philosopher, except in academic documents. Therefore, we have now reached a stage when morality and philosophy together stand apart from science. In size and importance today the two studies resemble the polar body and the ovum. The world may read from time to time of the demise of some respected moral philosopher, whose writings have influenced it not at all, whose name was scarcely known outside his circle; but science is acclaimed and admired universally. Even the arts can scarcely offer an effective competition; and all are agreed that this is the age of science.

Who loves not Knowledge ? Who shall rail
Against her beauty ? May she mix
With men and prosper ! Who shall fix
Her pillars ? Let her work prevail.

But to that great poet's mind Knowledge was not enough: she needed Wisdom as well to move beside her and guide her footsteps. In the disproportion between knowledge and wisdom that is so evident today there is a lack of mean: it argues an intemperance. There are scientists who are vain enough of their splendid isolation to resent any intrusion; but surely they are wrong. Science bears witness to the truth and nothing but the truth; but those who maintain that science declares the *whole* truth deceive themselves and others too.

These considerations originated from the child and we may go back to him now and see how he has been affected by the great change. Turning his attention to children, a scientist applies his usual inductive and deductive reasoning. He observes perhaps that many children with bow-legs have been brought up on a diet of Swiss milk and biscuits; and from this he infers that such a diet is a cause of rickets and, prosecuting his researches further, goes on to the discovery of Vitamin D. By the reverse process of reasoning he could deduce a faulty diet in the case of a child whose legs were bowed. But there has arisen a new study called "psychology", which is not strictly speaking a science, because it does not deal with material things but instead with mind. Yet as far as it can it makes use of the methods of science and its aim is identical. Medical psychology for children deals with any behaviour that is a nuisance to others or deleterious to the child, from asthma to bad temper, from bed-wetting to cyclical vomiting. Since its study is mind, it is odd that psychology does not deal with mind from every angle; but though individual practitioners may do this, psychology as a whole aims simply at being scientific. Seen in this light a child has no morals, has no ethics and is exempt from all responsibility. He is regarded as one might regard, say, a solution of glucose, which under known conditions would reduce copper sulphate, or as the crystals of the osazone by means of which a pre-existing glucose could be deduced. Of the various re-agents that affect the child the parents occupy the most important place. There are no bad children today, they tell us, only bad parents. Perhaps, then, ethics enter with spermatogenesis, and with the rising tide of follicular hormone responsibility irrigates the human frame? It does not seem to be so, because the street-bully and the hooligan enjoy the same

immunity as the child. Let the social worker assemble the facts, and the reasonable explanation for the coshings and the bashings can be found, so it is thought. By a further extension of the same method of thinking the mature criminal becomes a "paranoid", the truculent ruffian an "aggressive psychopath" and the cowardly brute an "immature personality". In fact there is no blackguard who would not be absolved, if only Her Majesty's judges could be brought to see eye to eye with psychology. There are, however, plans to circumvent such reactionary elements. Prisons are to become therapeutic institutions, much as lunatic asylums have become mental hospitals; and I dare say the two will be very much alike. Some big body, such as W.H.O., will institute enquiry into the sources of "unsocial behaviour", with all the panoply of conferences, pilot-surveys, sub-committees, seminars and symposia. Symposia! What wines will they favour? Will they offer first libation to Zeus Herkeios? Will the blithe flute-girls come streaming in? When the party breaks up, will Lydia let in her frozen lover? Will Lalage listen to her favourite's serenade? In fact the coffee-berry, I suspect, will supply the only stimulus to these earnest enquirers. Then let such conferences be called what they truly are, *colloquia*!

We may now take a wider view of a world where a physical philosophy reigns supreme and moral philosophy cannot play even a subordinate part with success. Now science is a light in darkness,

Aurora's harbinger,
At whose approach ghosts, wandering here and there,
Troop home to churchyards, damned spirits all,
That in crossways and floods have burial,
Already to their wormy beds are gone,
For fear that day should look their shames upon.

It is also the great liberator, putting an end to cruel and savage superstitions, by means of which mankind has been kept in subjection.

Cerberus et Furiae, iam vero et lucis egestas,
Tartarus horriferos eructans faucibus aestus,
Haec neque sunt usquam nec possunt esse profecto.
Hic Acherusia fit stultorum denique vita. LUCR.

(The Hound of Hades, yea and the Furies, the awful darkness, Hell belching forth appalling blasts from her gorges, these things *are* not nor forsooth can they be in any place. It is here that the life of fools becomes at last a hell). But science knows no absolute good, no standard by which comparison may be made between one thing and another. There is no righteousness; there is only what custom has ordained, and custom has only a utilitarian value: what is valuable can be retained, what is useless rejected. Where there is neither righteousness nor unrighteousness, there can be no reprehension of self or of another; but neither can there be commendation. That awkward contrivance the conscience is seen as objectively as possible and managed as judiciously as possible; but I have not noticed quite such a rational attitude towards self-esteem. Upon all matters not strictly scientific the outlook will be sceptical, for of anything it could only be said that it *is* if it has survived the scrutiny of science; and it could not be said of anything that it is not, because we cannot conceive of any-

thing that does not exist. Imperturbability should be the mark of the scientific sceptic, for apart from the ordinary accidents of life he has not a thought to trouble him.

David Hume, the great sceptic of the modern world, was a serene and cheerful man of mild disposition, incapable of enmity and so discreet that he was beyond the reach of calumny. When he was attacked for infidelity, his friends rallied to his support, among them women, to whom his company was welcome. He lived a good life, became famous and met death unperturbed. The father of all sceptics was Pyrrho of Elis, whose fame was great, whose school endured for long and gradually developed. In his native city he was so esteemed that all philosophers there were made exempt from taxes by statute. There were neither good nor bad for him nor right nor wrong, but custom and convention only; and there was no beauty, for if there were (he said), men would recognize it wherever it appeared, as they recognize the colour white when they look upon snow. He determined nothing, but exercized a suspension of judgement, *epoche*, on all subjects. Our picture of the world is not a true one, he said, because the senses, our only means of perception, are imperfect. So far, probably no scientific sceptic of today would differ from him much; but by means of some ingenious piece of argument he contrived to make cause dependent upon result; cause in fact did not exist apart from result, and then only in our minds; and in this way he cut at the root of science. This Pyrrho, like Hume, was a man of mild disposition and unruffled calm, with a sense of humour evidently admired. He was unmoved by danger, gave an impression of casualness, but was really gifted with foresight. With many friends and no enemies he lived to the age of ninety. A man of strong mind, courageous and well balanced, may find in scepticism a path that leads to a successful way of life.

But we may well ask ourselves whether we might not have to pay for scepticism by the loss of advantages that we have hitherto enjoyed; and again whether the system will hold water. The child, the adolescent and the criminal adult have indicated already changes that supply some answer to the first question, for they give more trouble than they used to do. Reason will persuade us furthermore that the generations have been guided hitherto by rules handed down from one to another and that behaviour in consequence has been fairly good, but that when disbelief has still more taken the place of acceptance, behaviour among the many may go on deteriorating in a linear relationship with the growth of scepticism. It is true that men without moral philosophy *ought* to coax and coerce themselves into leading model lives; but it is also true that numbers of human beings have not enough wit to see the need. Dullness is another disadvantage that I expect, a proposition that seems paradoxical, because there is no doubt about the splendour of science. Let me quote from H. G. Wells' *Experiment in Autobiography*, "The study of Zoology was an acute, delicate, rigorous and sweepingly magnificent series of exercises. It was a grammar of form and a criticism of fact. That year I spent in Huxley's class was, beyond all doubt, the most educational of my life". Wells had shaken off tradition and wanted to plan a new world, "valiant and spacious", where socialism would be supreme; and there is no doubt that the majority has gone with him: the Welfare State is evidence enough; but I still entertain doubts about the state of mind of

the inhabitants of Utopia. Their world might too closely resemble a gigantic school, where the conjoint forces of statesmen, managers and administrators would represent the dons, the common people the boys, and machines and their tendance the everlasting football and lessons. Being ruled by feeling rather than by reason, being incapable of clear and logical thinking, they might become fractious and slothful instead of being appreciative of their manifold blessings. Love of freedom, love of country, love of life, love of right, those powerful incentives to great deeds, would be feebly developed; and as zest dwindled, a general stampede away from science towards superstitious belief might well occur. Science, too proud, might in the end undo herself.

Intelligent men may find that if scepticism is logically pursued, it leads them to Ecclesiastes. There is nothing new under the sun; or, if we follow the advanced astronomer, nothing new in the Universe. All things are full of labour; but the labour of man profits him nothing. All things flow; but the rivers return to the place whence they came. At last the pursuit of pleasure becomes vanity and vexation of spirit, and philosophy defeats its own ends. "In much wisdom is much grief ; and he that increaseth knowledge increaseth sorrow". Bertrand Russell, the only philosopher of our day whose name is known to every educated man, is sceptical, though not a thorough sceptic. By believing in love, joy and art (that is, beauty) he evades the pessimism of the Preacher: by declining to bring forward any principle that may lie behind the virtues that he admires so much, (moral courage, neighbourly love, self-control, kindness and courtesy), he contrives not to abandon the sceptic philosophy. The suspension of judgement is astute; but it does not satisfy, because there is that in man which leads him to believe that to overcome by effort is part of his glory. If we were to attempt the task of defining the principle ourselves, we might find that we were surrounded by uncertainties, for the study of the good is difficult; but it is far easier to regard the beautiful. Over the wall, within easy reach, hangs the promise of Plato, "He who sees true beauty nourishes true virtues and is befriended by the gods". It is one who sees and knows beauty who has the best chance of winning his way to an acceptable philosophy today, for the idea once recognized becomes an indestructible possession that nothing can obscure, not the dreary phantasms of man conjured up by the psychiatrist, not the dismal apparitions of contemporary art, not the insane mathematician of up-to-date astronomy, never beginning, never coming to a conclusion, fiddling for ever with his galaxies and his electrons—not scientific scepticism itself.

For love and beauty and delight
There is no death nor change : their might
Exceeds our organs, which endure
No light, being themselves obscure.

"A thing of beauty is a joy for ever". Well worn is the sentiment of the poet who once trod our halls; but it is the first step in the ascent towards wisdom.

Sixty Years Ago

From Guy's Hospital Gazette, 9th September, 1899 (in "Nursing Notes").

A nurse may not run—firstly, it is unprofessional ; secondly, it is undignified ; finally, it is unsafe, especially in subterranean passages.

CORRESPONDENCE

Letter to the Editor of the Gazette

The Keats-Shelley Association

SIR,—Your note in *Passim* of 24th October was too kind to me. The President of the Keats-Shelley Association is the Marchioness of Crewe. This year the annual lecture was given in University College, London, by Dr. Ian Jack, Fellow of Brasenose College, Oxford, the subject being 'John Keats, Leigh Hunt, and the Plastic Arts'. Our Secretary, Mr. Norman Kilgour, 11, Lions Gate, Richmond, Surrey, would be pleased to hear from any Guy's men who will join the Association.

One or two compositors' type slips in the printing of my article will be evident to those who are lovers of the poetry of Keats.

Yours etc.,

F. N. DOUBLEDAY.

Guy's Hospital, S.E.1.

Appointment in Paris

SIR,—I should be grateful if you would be kind enough to find room in the *Gazette* for an announcement that The American Hospital of Paris will have vacancies on their Resident Medical Staff for male, single, English graduates from 1st January, 1960. The appointments are for one year and give excellent experience in medicine and surgery with generous off-time.

Applicants must have completed their pre-registration year and not be liable for National Service, or must have obtained deferment.

The Chief Physician and the Executive Governor will be in London at the beginning of December to interview candidates. Intending applicants can obtain further particulars from Mr. Goodliffe at the Appointments Bureau, Medical School.

Yours etc.,

J. GOODLIFFE.
Appointments Officer.

Appointments Bureau,
Medical School,
Guy's Hospital, S.E.1.

Mr. George Winston

SIR,—May I thank those past and present members of the Hospital who have sent contributions towards a gift from the Rugby Club to George Winston, who is relinquishing the post of honorary fixture secretary which he has filled for over 20 years.

The fund will close finally on 1st January, and details of a presentation will appear shortly afterwards,

Yours etc.,

B. BLACKWELL,
Captain, G.H.R.F.C.

Guy's Hospital, S.E.1.

Symbiosis

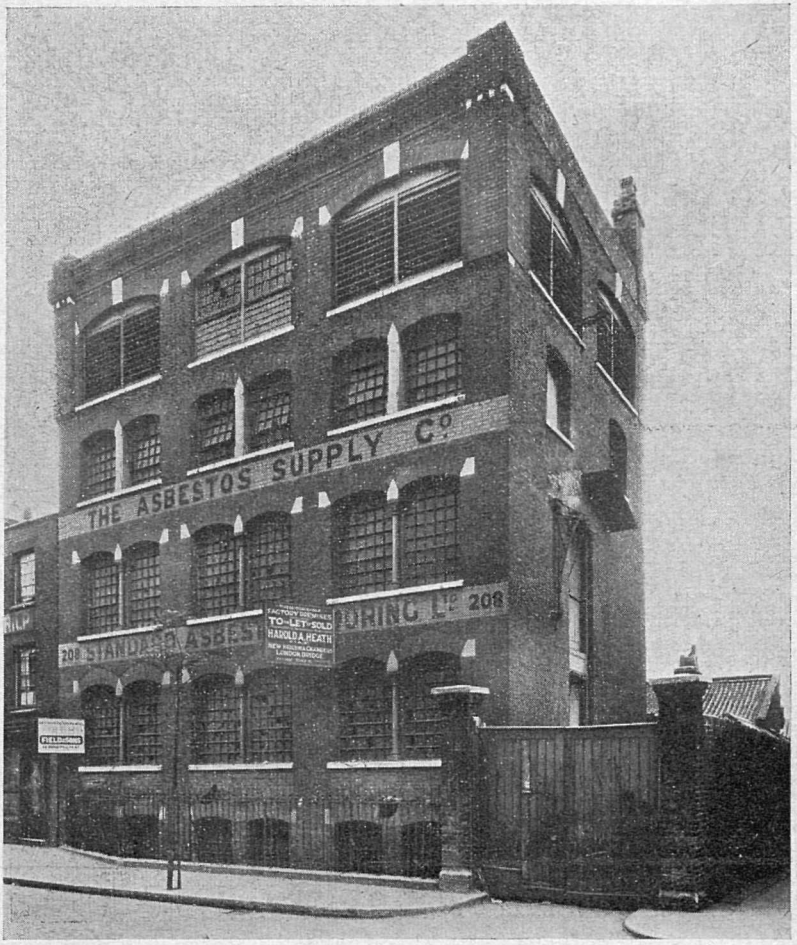
From the Ward Clerk's notes of a patient in "Mary" Ward, July, 1956:

"The urine contained some spirogyra but no other abnormality".

ST. CHRISTOPHER'S

Generations of Norwegian herring fishermen, Irish labourers, leather tanners, asbestos workers, ex-borstal boys and Guy's doctors will be delighted to hear that St. Christopher's Hostel is being decorated.

St. Christopher's, the larger of the two Guy's hostels, is at 208, Long Lane, in the centre of the fire-raising area of Bermondsey. It was built as a leather



These desirable factory premises . . .

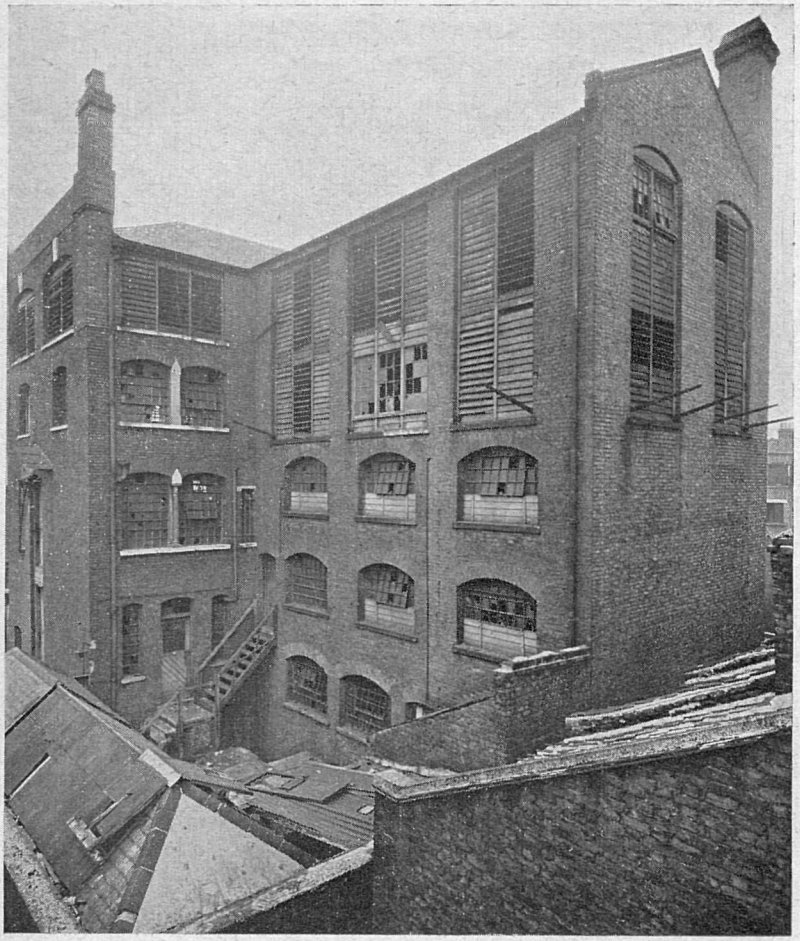
warehouse (the louvers can be seen on the old photograph) ; and the ease with which it has served for other purposes, with a minimum of alteration throughout the years, is noteworthy. During the early years of the century, the building was used by the Asbestos Supply Company, until about 1934, when it was one of the properties acquired by St. Christopher's Fellowship. Dormitories were made to facilitate " the re-settlement of working men ", who were mainly foreign labourers and ex-criminal offenders. It is said that the reconstructed building was opened and named St. Christopher's by Princess Marie Louise.

The area about St. Christopher's was heavily bombed during the blitz. The surrounding buildings were completely demolished, but no amount of persuasion could ignite St. Christopher's ; it had not been an asbestos factory for nothing.

Again it was used as a hostel, this time by the Admiralty who housed Norwegian fishermen there during their training at the Norwegian naval training college.

In 1946 the building was bought by Guy's. The dormitories were converted into separate rooms, and, it is rumoured, were decorated. The name was retained, and the hostel opened for students in March, 1947, no royalty being present.

Compared with the other great London hospitals, Guy's is not well equipped with hostels. The Old (Sophie's) hostel is the only other hostel for students ;

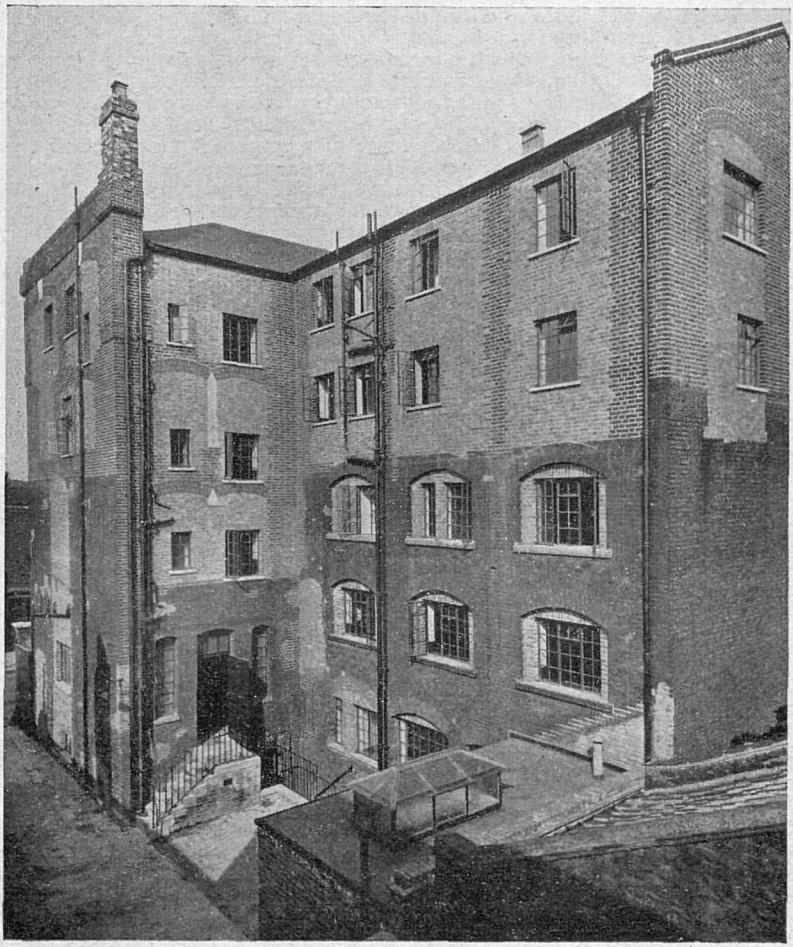


. . . to be let or sold . . .

there is none for females. St. Christopher's provides a convenient, inexpensive and fairly comfortable home for 33 students and 9 fire escapes. Comfort and happiness are largely the result of the kindness and hard work of Mr. and Mrs. Hewitt who have lived there since 1946. Their stay has been sufficiently long for them to be able to console any failed examinee : they can always recall some ex-protégé, " now a consultant ", who failed similarly. Christopher's men are enabled by their proximity to Guy's to play a far larger part in all aspects of Hospital life. Some years ago the old hostel was the more popular ; but St. Christopher's has always had loyal adherents, especially in recent years. Many factors may be responsible for the shift of popularity : the rooms are larger and more sound-proof ; Mrs Hewitt provides a large breakfast daily ; there is a television room where the B.B.C's consultant psychiatrist and his " colleagues "

regularly receive a massive and boisterous reception (though the advent of a " junior colleague " to the programme is awaited hopefully). The Bermondsey motor cycle club, a sort of mutual reverberation society, which held Summer meets every evening on an adjacent bombed site has been banned, and all is peaceful. The rest of Long Lane quite enjoys having Guy's men living in their midst, though several stress that they remember when St Christopher's was occupied by *working* men.

The news of decoration " in the near future " has caused intense speculation



. . . for immediate occupation !

for several years. A mass meeting last January voted unanimously against hospital-green. The Student management committee of St. Christopher's appears to be made up traditionally of men who have just left, so that there was widespread relief when it was learnt that Mrs. Boland was to devise the colour scheme personally, with the Secretary of the Art Society as the on-the-spot representative.

The painters have arrived ; they are painting. They are painting exotic, different, most unChristopher-like colours : Yaffle, Reef Red, Wedgewood Blue, Columbine—colours enough to excite even the most unromantic Norwegian herring. The rooms will look larger, cleaner, brighter, and will have increased nurse-appeal. The future, indeed, looks most Yaffle. R.M.

Occasional Addresses on Darwinism

A number of addresses to students have been arranged to commemorate the Centenary of the publication of Darwin's "The Origin of Species". The first, entitled "What is in The Origin of Species" was delivered by Mr. T. B. Layton on Wednesday, 14th October. After describing the nurtural background to Darwin's Idea and its exposition, Mr. Layton took the book chapter by chapter and discussed content and importance. He described a journey with Darwin inwards from the sea of Immutable Species across the beaches of Variation under Domestication and Nature, and up the steep ascent of The Struggle for Existence. This difficult passage leads to the peak, the zenith of the book, chapter four on Natural Selection. It is as much a landmark in biological literature as Macaulay's third is in history. The descent from the peak to the col beyond deals with the Laws of Variation and is the least satisfactory part of the journey. The chapters of the col are concerned with Difficulties, Miscellaneous Objections, Instinct and Hybridism. Beyond them is another range of heights, still formidable but not so difficult to surmount as the peak. This range includes chapters on geology and ecology which owe much to Lyell and Hooker respectively. On the other side of the range the going is again easier, and a recapitulation and survey follow a chapter of miscellanies. The work ends with the classic five lines of prose which even so critical a judge as a master of Magdalen thought great poetry. In thanking Mr. Layton, Professor Warwick referred to the lessons to be learned from the lives of the great men of the past and said that Darwin taught one patience and perseverance.

The next address will be on Wednesday, 11th November, at 1 p.m., in the Anatomy Theatre when Professor Foxon will discuss "Darwin's influence on the teaching of Biology (with special reference to Guy's Hospital) ".

The Quodlibet Society

Thursday, 19th November

NIGEL NICOLSON

8 p.m. "CENSORSHIP" Students Club

The speaker is director of the publishing firm which this week launches the controversial novel ' Lolita '. Mr Nicholson was brought up in a severely literary atmosphere : the Hon. Sir Harold Nicolson and the Hon. Victoria Sackville-West are his parents. After a conventional Eton-Balliol-Grenadier Guards beginning, he showed startling nonconformity at the time of the Suez crisis when he appeared to be one of the few M.P.'s who clearly put personal judgement before party loyalty. As a result, his constituency, or rather the Bournemouth East and Christchurch Conservative party, publicly disowned him ; he lost his seat.

Since that time, apart from writing a book, ' People and Parliament ', Mr. Nicholson has devoted his time to publishing. This week his firm published Nabokov's ' Lolita '. Some people have been outraged by ' Lolita ' ; some hail it as a literary masterpiece ; some have read it.

Mr. Nicholson says that he does not wish to talk to the Quodlibet Society solely about ' Lolita ' and literature ; but " would like to bring in newspapers, the theatre, and the film in a general discussion of the role of censorship in a modern society ".

At the meeting, voting will take place for a secretary, a treasurer, and four other committee members as officers for 1960. Nominations should be given to the present secretary, Roy Meadow, by 17th November.

Artist at Work

Most artists who work out of doors have a dislike of being watched whilst they paint, and often they have too a technique of shedding starers, circlists and passers to and fro.

But Mr. Ian MacNab is coming to Guy's again on Thursday, 12th November, and he hopes that anyone who is interested, or curious, or who has a later train to catch, will come to the Dental Theatre at 5.0 p.m., and watch as much as they wish whilst he paints a landscape and talks about what he is trying to do.

THE PARK, SUMMER, 1959

Photo) *B. A. Jones, Dental Photographic Department*

REVIEWS

Physical Diagnosis. By DENNETTE ADAMS. Ballière, Tindall and Cox. *Price* 95*s.*

Despite a seventeen year gap between the present edition and its predecessor this book has achieved fourteen editions since it was first written by Dr. Richard C. Cabot in 1900. Extensive revision has been undertaken by the present author but the aim of the book remains the same—"to show how the patient should be examined ; to describe the normal findings ; to explain and interpret the important symptoms and signs created by injury or disease."

After an excellent chapter on history-taking, successive chapters are devoted to the examination of various systems and organs and the presenting features of disease are discussed in detail. It is, therefore, more than a guide to physical examination and many aspects of medicine are discussed in detail.

The author is to be congratulated on the excellent balance maintained throughout ; no easy task in writing a book which covers such a wide field. The illustrations are excellent and mention must be made of the excellent radiographs, particularly those of Gastrointestinal Disorders. How refreshing it is to see an illustration of an X-ray show clearly what is described in the legend.

Minor criticisms in a book of this size are inevitable. A whole page is devoted to the manometric measurement of venous pressure whereas there is little or no description on the form of the jugular venous pulse as observed at the bedside. The chapter dealing with clinical auscultation of the heart could also be improved upon. The student will also find the description of râles and rhonchi rather confusing.

These, however, are minor criticisms in a book which can be confidently recommended.

I.E.E.

A Synopsis of Dermatology. By BETHEL E. R. SOLOMONS, Jnr., M.A., M.D., F.R.C.P.I. John Wright & Sons Ltd. 1959. *Price* 30*s.*

Textbooks come in three sizes, large for reference, intermediate for basic study and small for revision. This new member of the well-known synopsis series is remarkable in that it has characteristics of all three textbook types. It will fit easily into a pocket or brief case, and is well printed and tabulated. The common skin diseases are clearly described and a notable feature of this book is the attention paid to differential diagnosis. The less common and rare diseases can be found in the index and on finding the appropriate page one will find a concise and accurate account sufficient for most purposes. The fevers, venereal diseases, and drug eruptions are well covered so that the general physician will find the book of value.

The criticisms are few but must be mentioned. Why does the appendix include all of Schwartz, Tulipan and Birmingham's Tables on strength of solutions for patch testing ?—a shorter table containing the more common sensitizers would have been of more value. The space saved could have been used to include a chapter on the *principles* of treatment. Too often the criticism is levelled that local therapy in Dermatology is empirical—this is not so. A notable omission is Griseofulvin, the new anti-fungal antiobitic.

Diagrams are through necessity few, but could have included some of the common animal parasites, such as Sarcoptes scabiei.

Apart from these criticisms, the book is to be heartily recommended to students and practitioners. It deserves to become as popular as other members of the Synopsis series.

V.W.

Social Work in Tuberculosis. By MARGARET COLTART, HELEN RAINE and ELIZABETH HARRISON. The Chest and Heart Association. *Price* 12*s.* 6*d.*

This book is primarily for social work students, but since it contains a brief account of the growth of the services for the tuberculous patient in this country, as well as worth-while comment on the almoners' work, it may be useful to others, especially medical and nursing students.

There are three joint authors—two of them professional social workers. Miss Margaret Coltart (M.A., A.M.I.A., Head Almoner of the Brompton Hospital) has written the main part of the book ; whilst Miss Helen Raine (B.A., Soc. Sc. Cert., T.B. Welfare Officer, Middlesex County Council) and Miss Elizabeth Harrison (Joint Editor of the N.A.P.T. Handbook of T.B. Activities) have written the remainder.

Miss Raine reviews the development of local authority services and "social medicine", *i.e.*, viewing the need of the provision of adequate financial help and other forms of assistance for the family as part of the total care of the patient. She describes the many services the local authority can provide—from Home Helps to the Boarding out of Child Contacts—and the absorption of the existing scheme into the National Health Service in 1948. She comments on the dual responsibility of the Chest Physician ; on the one hand through the local Hospital Management Committee to the Regional Hospital Board, for medical care of the patients; and on the other, to the Local Authority, for the preventive measures and social and welfare services administered through the chest clinics. This is an interesting example of how complex is some of the administration under the National Health Service.

Miss Harrison gives an excellent history of the development of services for T.B. patients, and those who wish to get these facts clear in their minds will find them set out well.

The brief examples of case histories given fail to describe the relationship that may develop between the patient and the social worker, in helping the patients to adjust to the fact that they may be in hospital a long while, and at the same time prevent them becoming hospitalized, when often there is a growing desire to evade facing their personal responsibilities on discharge.

A social worker's reports require a disciplined conciseness, and we sometimes find ourselves giving factual information while failing utterly to describe our patients as personalities. Perhaps we should try and learn something more of the art of writing if we are to be more successful in giving case histories. However, in all justice, Thomas Mann's "The Magic Mountain" must make the strongest heart quail when it comes to describing the problem of patients suffering from tuberculosis.

Although this part of the book contains valuable material few of the patients

come alive. Miss Coltart puts forward the view that although the patient may have understanding of the diagnosis and its implications at an intellectual level, emotional acceptance does not always immediately follow, and this can often be the essential factor in patients described as "difficult" or "unco-operative". She also touches on the theory that patients often find their illness and hospitalisation a retreat from too much stress.

It is good that the cases described from the rehabilitation point of view are not all highly successful. The history of the patient advised to take up alternative employment because of the illness, who did so in order to fall in with the hospital staff's wishes, yet hated his new work and was found to be following his old employment whenever he could, is a delightful example of how we should plan not merely for the patient, but with the patient; because the co-operative patient is all too likely to want to appear to fall in with our wishes, even when they conflict with his own.

All in all this is a very useful handbook viewed from the stand-point of factual information, and it seems unfair to quibble over its lack of descriptive feeling, either of the patients themselves or the relationship between the patient and those concerned with his treatment, medical or social.

L.E.

SPORT

RUGBY

Guy's v. Bedford

At H.O.P. 17th October, 1959

Result—Lost 12-9

This was a more gratifying performance by Guy's. The score itself indicates that the Hospital side acquitted itself well against a strong Bedford side. The fact that Bedford have subsequently beaten Cambridge University by the same margin indicates the somewhat erratic standard of play of the Guy's side but nevertheless its capabilities.

Guy's made one or two notable changes in their team. Murray played a excellent game at scrum-half and Treadwell proved a fast hooker and a strong loose forward. Child gave glimpses of future ability at back-forward.

In the first half Bedford showed the greater scoring power and looked the better side. This was due in part to some poor Guy's tackling.

Guy's advanced down the field with some good touch-kicking by Nicholas but lost their advantage when Bedford produced a strong three-quarter movement. From a subsequent line-out Parker made a break and passed to Bryant who kicked ahead. The Bedford full-back was caught in possession and from the ensuing scrum Murray made a break and kicked to the wing. Bedford, however, countered and due to some poor tackling scored in the centre. Bedford almost scored again but Biggs covering in his usual style cleared from a dangerous situation. Bedford's second try came from a counter-attack again, Guy's having had the initiative when Murray made a break and kicked ahead. The Bedford full-back was allowed to make ground and a try resulted from poor tackling. Just before half-time the Guy's forwards gave an indication of what was to come when they were unlucky not to score from some butting play.

In the second half there was no doubt which side controlled the game. The Guy's forwards played a very rugged game showing plenty of dash and fire in the loose, tight and line-outs. They were rewarded when Biggs scored the finest try of the match in typical O'Reilly fashion. Gathering the ball from a line-out on the Bedford ten yard line he swerved past several opponents along the touch-line and breaking through a half-tackle scored. This proved just the incentive required. The team piled into the loose play and a fine penalty kick by Pagliero was followed by a strong Guy's three-quarter movement and a further penalty by Pagliero saw *victory in sight. Both Nicholas and Bryant* produced some fine defensive touch-kicking. But victory was not to be for Bedford gained the final score with a penalty. This was a good effort by the Hospital side and perhaps the confidence gained will be rewarded by some winning results in the future.

Team : K. Pagliero; M. Ribiero, J. Leyshon, J. Thomas, D. Biggs; J. Nicholas, M. Murray; A. C. Knight, W. Treadwell, J. Parker, P. Harris, B. Blackwell, D. Bryant, A. Child, T. English.

Guy's v. Cheltenham

Result—Won 9-5

Following their close game against Bedford the previous week Guy's finally gained a well-*earned victory. In a match that was exciting* from beginning to end Guy's opened up the game at every opportunity. The most noticeable difference was in the three-quarter line where Leyshon moved out to his old and favoured position on the wing and played a great game and Bryant proved a powerful asset in the centre. The only other change was in the front row where that old stalwart Buirski replaced the injured Parker and on several occasions showed the benefit of his experience.

From the kick-off Guy's set their three-quarters moving. Bryant made a half-break but a knock-on brought play to a halt. Cheltenham counter-attacked and after several movements gained a scrum on the Guy's line from which their scrum-half wriggled over for a try which *was converted. Guy's resumed the offensive.* Murray who played with his usual resilience made a break from the scrum and was ably backed up by Blackwell who led a forward rush. Cheltenham were penalized just outside their twenty-five and Pagliero made no mistake with the kick. A further three-quarter movement saw Leyshon make the first of many breaks following a Thomas dummy. The winger rounded his opposite number and sped along the touch towards the line but good covering by Cheltenham prevented a score. Again the Guy's three-quarters made use of their forwards, possession of the ball to mount an attack in which Bryant and Thomas were the spearheads. The forwards backed up magnificently and the ball passed from player to player. Blackwell was there again and *Child making ground was stopped close to the* line. Lloyd-Edwards made a valiant attempt to

force his way over. However, from the subsequent scrum on the line Guy's gained possession, wheeled and Knight touched down. Biggs played a prominent part in several more Guy's three-quarter movements with some beautifully balanced running, following diagonal kicks from Nicholas who neatly dipped the Cheltenham wing-forwards, and Bryant. He was unlucky with a pass to Thomas that was deflected by a Cheltenham player.

The second half started with the Cheltenham full-back making ground with some good fielding and touch-kicking. But once again Guy's gained possession and Leyshon's speed proved too much for the opposing three-quarters. His cross-kick was ably gathered by the full-back and a certain try averted. Harris and Blackwell were dominating the line-outs with good support from Knight and Buirski. The Cheltenham forwards, however, began to show more enthusiasm and made several good rushes. Pagliero was caught in possession but good covering by Nicholas and Bryant saved the situation. Cheltenham looked dangerous on several occasions but good covering by Guy's averted a score. English brought off several flying tackles. As the game drew to a close Guy's continued to attack the Cheltenham line and Nicholas made several neat breaks. The final score came when Thomas intercepted a misthrown pass in mid-field and picked his way past several defenders to score under the posts. An inspiring game by Guy's in which every member played their part admirably.

Team : K. Pagliero; J. Leyshon, J. Thomas, D. Bryant, D. Biggs; J. Nicholas, M. Murray; A. Knight, W. Patterson, A. Buirski, P. Harris, B. Blackwell (Capt.), A. Child, A. Lloyd-Edwards, T. English.

SOCCER

Guy's v. St. Mary's

Result—Lost 6-1

Under slippery conditions St. Mary's gave Guy's a perfect lesson on how to make the ball do the work. Their team work and long passes tore holes in a very scrappy Guy's defence. On the other hand Guy's were a team of individuals. If they hope to achieve success in the Inter-Hospitals' Cup in ten days time against the same opponents then the defence must cover better, the forwards must be more direct and get in more shots and the players must play together not as individuals.

St. Mary's opened their account after ten minutes. A cross from the left was only partly cleared and the centre forward was on hand to score. A slip by Winchester let in the outside left for the second goal. The score at half-time was 2-0.

In the second half Guy's defence fell completely to pieces and St. Mary's added four more goals before the close. Carmichael scored a consolation goal for Guy's midway through the second half.

One bright feature of the game was the sportsmanship of both sides. In the absence of a referee not one incident marred a most enjoyable game.

Team : G. Parry; A. Winchester, A. Raynes; C. Barrett, N. Trayfoot, A. Palmer (capt.); I. Gibson, R. Shepherd, W. Landers, D. Wright, J. Carmichael.

Other Result :

Guy's 2nd XI v. St. Bartholomew's 2nd XI

Result—Won 6-0

(*Scorers :* Zadah 3, Ross, Oni-Orisan, Wilmott).

GUY'S SOCCER CLUB

Forthcoming Tour

February 25th to March 1st, to Holland to play in local competition.

The Club is delighted to announce that Mr. Terry Medwin (Tottenham Hotspurs and Wales), will be coaching the team on Thursday evenings during this season.

Guy's v. London Hospital

Result—Lost 2-1

Due to a mix-up en route over kit Guy's played for twenty minutes with only nine men. It was rather ironical that, after having most of the play, as soon as Guy's had a full side London Hospital took the lead. A bad defensive clearance resulted in the London Hospital's inside left receiving the ball on the edge of the penalty box and as Parry came out he slipped the ball into the corner of the net.

Guy's fought back but were inable to level the scores before half-time.

Mid-way through the second half Heath put Guy's on level terms. The Guy's team then went all out to gain their first win of this term but although shots from all the forwards and the two half-backs went close no goals were forthcoming.

Ten minutes from the end a clash in mid-field resulted in a London player having to be taken to hospital with a badly cut forehead. However, London were not downhearted and five minutes from time they took the lead again when Palmer failed to clear.

If Guy's are to win their matches this season they must learn to convert good approach work into goals.

Team: Parry; Winchester, Palmer (capt.); Sheridan, Trayfoot, Barrett; Landers, Shepherd, Gibson, Heath, Wright.

Other Result :

Guy's 2nd XI v. Ibis 2nd XI

Result—Lost 2-1

UNITED HOSPITALS' LEAGUE

Guy's v. Royal Dental Hospital

Result—Won 5-2

Under very difficult conditions Guy's at last found their form, particularly in the second half when constant endeavours of the inside forwards and half-backs were rewarded by goals.

Play in the first half was rather scrappy Guy's allowing themselves to be upset by the "rush" tactics of the opposition and they must have considered themselves rather lucky to have been leading 2-1 at the interval. Both goals were scored by Heath before Royal Dental reduced the arrears.

After the break when Roberts and Landers changed positions Guy's finally blended themselves into a workmanlike team and two more goals from Heath and one from Landers were thoroughly deserved.

During the latter stages of the game Guy's were rewarded for their hard training, the Royal Dental being completely overrun. A little more steadiness in front of goal would have resulted in many more goals.

Heath must be congratulated for a fine display of goalscoring and Lamb for the way in which he adapted himself to his new position.

Team: Parry; Winchester, Palmer; Sheridan, Trayfoot, Barrett, Landers; Shepherd, Roberts, Heath, Lamb.

Other Result :

Guy's 2nd XI v. Royal Dental 2nd XI

Result—Won 6-0

HOCKEY

Guy's I v. South Saxons

Saturday, 10th October

Result—Won 5-1

Guy's I v. Metropolitan Police

Wednesday, 14th October

Result—Won 6-2

Guy's I v. Romford

Saturday, 17th October

Result—Won 3-0

The Guy's first XI has started the Season with three very encouraging wins, which augurs well for a full and slightly improved Fixture List compared with last year. Significant in these opening games has been the development of a real understanding between the forwards which already has produced a number of deserved goals. A strong half-back line, two able backs and Daryabegui in goal gives the side much talent which can now be improved by playing together as often as possible.

One Freshman, R. Moud, enters the side at right back, filling a position held for two years by D. A. Wright, who is still playing when available.

The Hockey Club is running four XI's this year to cope with the increasing number of members. With one home ground available at the moment this must be the limit, and we apologize to those who cannot get a game each week.

First XI teams from : A. Daryabegui- Guilani, D. Wright, R. Lallemand, R. Morris, M. Conybeare, F. Djabanor, J. Sedgewick, M. Rake, S. Lal, M. Blake, P. Liddiard, R. Strickland, M. Steyn.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

Applications are invited for a **full-time Research Fellowship** in the Thoracic Surgical Unit for research on Cardiovascular problems. It is desirable that applicants should possess a higher qualification in Surgery. Initial salary normally within the range £972 to £1,258 per annum, according to the experience and qualifications of the person appointed, but in special circumstances a higher initial salary would be considered. Applications, with the names of three referees should be sent to the Dean, Guy's Hospital Medical School, London Bridge, as soon as possible.

Research Assistant required to work in the Pharmacology Department on inflammation and anti-inflammatory substances. Salary up to £850 per annum, according to qualifications and experience. *Apply giving names of two referees* to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1.

PASS LIST

UNIVERSITY OF OXFORD

B.M., B.Ch.

Pharmacology and Principles of Therapeutics

J. G. F. Fraser

UNIVERSITY OF LONDON

M.S.

D. F. N. Harrison

CONJOINT BOARD

L.R.C.P., M.R.C.S.

Final Examination

October, 1959

Surgery

*R. M. J. Andrews	*R. L. Mitchell
*J. F. Bedell	*G. M. Preston
Margaret J. Bown	*I. C. Roddick
*F. W. L. Engmann	*Ann Simpson
*F. H. A. Jago	*E. K. M. Smith
*I. W. Jones	*M. B. Wilson
*D. N. Landon	

Pathology

B. Batten	A. S. Horner
*J. F. Bedell	R. K. R. Innes
J. S. Brewer	*D. N. Landon
R. G. Bury	D. A. H. Langman
Margaret E. Cash	I. F. Macrae
H. M. Clink	J. F. Murray
A. S. Cooper	J. R. Norman
C. S. D. Crane	R. J. Rew
H. R. Davies	D. A. Reynolds
E. R. Dixon	P. M. J. Tombleson
J. D. Eustace	Barbara Walsh
I. T. Field	*Jennifer A. Whitlock
D. J. Fishlock	R. W. Willé
J. B. Gritton	S. McHardy Young

Medicine

B. Batten	D. R. Harvey
*J. F. Bedell	R. D. Hill
Margaret J. Bown	A. S. Horner
R. G. Bury	K. E. E. Hubble
Margaret E. Cash	C. C. Korvin
G. P. Coleman	J. D. Lloyd Still
A. S. Cooper	*D. N. E. Myers
C. S. D. Crane	S. M. Patient
*D. Denis-Smith	R. J. Rew
M. D. Farrar	D. A. Reynolds
D. J. Fishlock	G. M. Slade
Susan R. Greenwood	P. M. J. Tombleson
J. B. Gritton	S. McHardy Young
J. H. Hackwood	

Midwifery

J. S. Brewer	J. R. Norman
J. P. B. Budgen	T. A. J. Ogunbiyi
H. M. Clink	D. Pickering
G. P. Coleman	*I. C. Roddick
*F. W. L. Engmann	*Ann Simpson
R. D. Hill	M. A. B. Sneary
R. K. R. Innes	P. L. H. Vernon
C. W. Jamieson	M. S. Wirk
R. A. Lewin	J. D. Wonham

*Have completed the examination.

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

October, 1959

Surgery

*R. Cook	*G. H. E. Woodbine

Pathology and Bacteriology, Social and Preventive Medicine and Forensic Medicine

A. K. Trounson

Medicine

M. I. S. Keir

Midwifery

M. I. S. Keir *G. H. E. Woodbine

*Have completed the examination.

NURSING NEWS

Promoted to Sister :

Sister M. E. Wood to *Victoria.*
Sister M. Williams to *Victoria.*

Left :

Sister M. Woolley, *Victoria.*
Sister N. MacDonald, *Radiotherapy O.P.D.*
Sister E. Evans, *York Clinic.*
S/N M. G. Davies, *O.P.D. Dental.*
S/N A. Hutchinson, *Wilks.*
S/N A. Pritchard, *Theatres.*

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 4s. 3 lines 10s. 6d. Box Numbers 9d. extra.

Ordinary rates 10s. 6d. per line. Box Numbers 1s. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

Required

SECRETARY, preferably S.R.N. with shorthand, for single practice S. London. Accommodation will be found if necessary. Apply : Dr. K. I. Porges, 175, Croydon Road, Anerley, S.E.20. Tel. LIV 4466.

CLERK (tempy.), for addressing envelopes to Medical Practitioners. Write Box 500.

DENTAL SURGEON. Assistant with view to partnership. Residential area Bournemouth. Box No. 195.

MALE JUNIOR PARTNER for Medical Practice in pleasant N.W. London suburb in September 1960. Flat available with surgery. Apply Box No. 196.

ASSISTANT DENTAL SURGEON, 4th January, 4 surgeries all with Airotors and X-rays. Treatment as a partner with own name-plate. Salary 45 per cent. Gross. 3 Bedroom house available. Write 24, Stafford Road, Wallington, or Phone 1049.

For Sale

HISTORY OF GUY'S 1725-1948. Reduced to clear 5*s.* each. Postage 2*s.* extra. Apply *Gazette* Office, 16, St. Thomas's Street, S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6*d.* each. Coat of Arms 5/6*d.*, PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, St. Thomas's Street, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Bloom, Arnold. The Treatment of Diabetes. *Med. World*, 1959, **91**, 299.

Bloom, Arnold and others. Further Experience with Oral Therapy in Diabetes. *Lancet*, 1959, ii, 841.

Chambers, K. S. A Case of Delayed Eruption of Many Teeth. *Brit. dent. J.*, 1959, **107**, 221.

Engel, C. E. Modern Developments in Infra-Red Recordings. *Discovery*, 1959, **20**, 392.

French, E. B. and others. Cyanosis as a Guide to Arterial Oxygen Desaturation. *Thorax*, 1959, **14**, 247.

Hilton, S. M. and others. Active Muscle Vasodilatation Elicited by Mesencephalic Stimulation. Its Relation to the Defence Reaction. *J. Physiol.*, 1959, **148**, 32P.

Kauntze, Ralph., McGill, Denis, and Brock, Sir Russell. The Surgical Relief of Chronic Myocardial Ischaemia. *Lancet*, 1959, ii, 631.

Stanford, R. W. and another. A Review of the Dangers of Radiation in Dentistry. *Brit. dent. J.*, 1959, **107**. III.—Biological Effects of X-rays, page 155. IV.—Genetic Effects of Radiation, page 192.

CHANGES OF ADDRESS

John H. Baylis, M.R.C.P., 7, Heath Close, Hampstead Way, London, N.W.11. (Spe. 1138).

D. F. N. Harrison, M.S., F.R.C.S., 4, Upfield Horley, Surrey. (Horley 4307).

N. K. Macrae-Gibson, M.B., B.S., 41, Randolph Avenue, London, W.9. (Cunningham 4368). Consulting Rooms : 146, Harley Street, London, W.1. (Welbeck 2378).

M. N. Naylor, F.D.S., 16, Granard Avenue, Putney, S.W.15. (Putney 5045).

K. R. Wallace, M.B., B.Chir., Woolsthorpe-by-Belvoir, Grantham, Lincs. (Knipton 232).

BIRTHS

GOVER.—On 19th September, 1959, at Horsham, to Ann (née Burdge), wife of Geoffrey Gover, M.B., B.S., a son (Philip), a brother for Richard.

HENDERSON.—On 10th October, 1959, to Sarah (née Irvine, S.C.M.), and Peter Henderson of Fettes College, Edinburgh—a daughter.

HUMPHREY.—On 26th October, 1959, at Guy's Hospital, to Delyth (née Davies, S.R.N.), and Dennis C. Humphrey, M.B., B.S., a daughter (Susan Ruth).

LESTER.—On 21st October, 1959, at Dulwich, to Brenda (née Belsey, S.R.N.), wife of Higham Lester, L.D.S., a daughter, a sister for Katherine and Simon.

MAILE.—On 23rd October, 1959, at Nuffield House, Guy's Hospital, to Sheila (née Kelly), wife of W. B. D. Maile, M.D., M.R.C.P., a brother for Christopher and Simon.

SCRIVEN.—On 22nd October, 1959, to Marion (née Smith), and John Scriven, a son (Mark William).

SMITH.—On 7th October, 1959, at Guy's Hospital, to Felicity (née Hamilton-Miller, S.R.N.), and R. D. Smith, M.B., B.S., a daughter (Fiona Claire).

WILLIAMSON.—On 5th September, 1959, at Buckland Hospital, Dover, to Mary (née Tregear), and A. W. R. Williamson, F.R.C.S., a daughter (Susanna Margaret), a sister for Timothy.

MARRIAGE

ROWLAND—BREESE.—On 31st October, October, 1959, at Christ Church, Brockham Green, Surrey, Christopher J. Rowland, M.R.C.S., L.R.C.P., to Ann C. Breese.

EDS. {J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1861 21*st November* 1959 *One Shilling*

PASSIM

THE 18th Annual General Meeting of the British Medical Student's Association was held at Dunblane, Perthshire, on the week-end of the 6th—8th November, and it was well attended by delegates from all twenty-six member schools. It has been customary for the last few years to hold a symposium during the week-end on some aspect of medical education ; the subject on this occasion was the "Pre-registration Year", and Professor C. F. W. Illingworth, regius Professor of Surgery at Glasgow University, was in the Chair. The speakers included both medical educationalists and younger practitioners who had just completed their 'pre-registration year'. Although this year was unanimously considered to be of the greatest value, making possible, as it does, for the newly qualified man to take full responsibility for the care of his patients yet enabling him to readily obtain help and guidance from more experienced men if necessary (thus materially enlarging and consolidating his clinical judgment and experience, and giving him confidence in his ability to deal with the common conditions he will meet in practice, with, at the same time, the capacity to know when he is out of his depth), there was some divergence of opinion as to its best length and scope. Should it be one year or two ? Should obstetrics form a compulsory part of it ? How many beds should such a houseman have under his care ? But it *was* agreed that this year is essentially an undergraduate one, and whatever changes take place in medical education it should be retained. During the lively discussion which followed cries of "sweated labour" from the floor were countered by polite scepticism from the platform, and one speaker remarked that should a houseman genuinely consider himself to be underpaid he would do well to remember that he was under an obligation to the community as a whole for the expense of his medical education, to the extent of some seven thousand pounds.

We offer our congratulations to Dr. J. Ralph Andy, who has been awarded the Chalmers Medal of the Royal Society of Tropical Medicine and Hygiene for 1959. Dr. Andy is renowned for his research into scrub typhus and for his work on the classification of the Trombiculid mites. He has been in charge of the Division of Virus Research and Medical Ecology at the Institute for Medical Research, Kuala Lumpur, and now holds a professorial chair in California.

The Nurse's Prize giving on 4th November was a great success despite the extreme disappointment that Her Majesty the Queen Mother was unable, due to illness, to be present. Lord Nuffield was also unable to attend, and Lady Cunliffe, deputising for Her Majesty, distributed the prizes with her usual grace and charm. A full report will appear in our next issue.

Many Guy's men will have read with great interest the article "Rebel against Apartheid" on the leader page of the *Times* of 13th November. Although Jan Steytler has been in South African politics since 1948 it is his position as a prominent member of the new Progressive group, which split away from the United Party last year, that makes him "a person to watch". Letters from Sir John Conybeare and Dr. Maurice Campbell will be found on another page.

We understand from Dr. D. P. Finnegan that an informal dinner for Guy's men is to be held in Adelaide on 28th November. The guests will include graduates from Australia who have held registrar appointments at Guy's, and it is hoped that L. C. Lindon, present P.R.A.C.S., T. A. R. Dinning, Victor Bockner, and Kevin Anderson will all be able to be present.

A recent archeological 'find' during the course of excavations on the site of New Guy's House adjoining the college attracted considerable attention in the national press. Mr. Peter Marsden, of mithraic fame, has discovered the remains of a large wooden boat of great age, together with associated objects of the late Roman period. It is interesting that in the *Gazette* of 1889 there is mention of the finding of an old wooden barge, embedded deep in the mud, during the digging for the foundation of a warehouse adjacent to the college. The foundations of the college itself extend some thirteen feet beneath the surface and consist, because of the marshy nature of the ground, of five feet of solid concrete. Although, as will be seen in our extract from the *Gazette* of that time in "*70 years ago*", a number of curious objects were found there was little of archeological interest.

We commend the suggestion of Mr. W. G. Carnegie Dickson, a Guy's dental surgeon, who has raised a considerable sum for the World Refugee Year by placing a collecting box in the waiting room of his surgery at Bath. Sister Brysson Whyte appealed for support for this urgent cause, in the *Gazette* earlier this year.

GAZETTE SUBSCRIPTION 1959

Subscribers who have not already paid their subscription for 1959 (12/6 post free), are asked to forward the same before the end of November to the Manager, "Gazette" Office, Guy's Hospital, London, S.E.1.

GUY'S DIARY

NOVEMBER			Exhibition. Department of Surgery. *Head Injuries.*
23rd	M	1.00	Dr. Stafford Clark. Clinical Lecture. *The Achilles Heel of Medicine.*
			Mr. R. O. Holland. Dental Clinical Lecture. *Discolouration of Gingival Tissues.*
		5.15	Endocrine Demonstration. Physiology Lecture Theatre. *Diabetes Insipidus.*
24th	T	1.00	Dr. Evans. Clinical Lecture. *Telling the Parents.*
26th	Th	1.00	Dr. MacArthur. Clinical Lecture.
27th	F	1.00	Dr. MacLean. Clinical Lecture.
28th	S	10.00	Clinical Theatre. Clinico-Pathological Meeting.
30th	M	1.00	Mr. F. L. Ingram. Dental Clinical Lecture. *Dental Cysts.*
30th	M	1.00	Mr. Cann. Clinical Lecture.
DECEMBER			Exhibition. *Peptic Ulceration.*
1st	T	1.00	Dr. Bishop. Clinical Lecture. *Disorders of the Testis.*
3rd	Th	1.00	Dr. Hind. Clinical Lecture. *Chloroform.*
4th	F	1.00	Dr. Douthwaite. Clinical Lecture.
7th	M	1.00	Mr. Batchelor. Clinical Lecture.
8th	T	1.00	Dr. Joiner. Clinical Lecture.

NOTICES

PUPILS PHYSICAL SOCIETY

There will be a meeting of the Society on Thursday, 26th November. Students from other hospitals have been invited to attend.

Dr. M. H. Lessof and Mr. P. S. Boulter are the Secretaries for this year.

THE ART SOCIETY

A FANCY DRESS DANCE

On Saturday 5th December, the Art Society will hold a Fancy Dress Dance in the Students' Club.

The theme will be "characters from the Opera" and admission will be by Double ticket (price one guinea), soon to be on sale in Smith's Bookshop.

The Club will be decorated, prizes will be awarded for costumes, beauty and so on, and a lavish buffet is included in the ticket price.

It should make a change.

GUY'S CHRISTMAS CARDS

Guy's Christmas cards may be obtained from the "Gazette" Office, 16, St. Thomas's Street, S.E.1. Prices 2/6, 6/-, 7/6 per dozen. Postage and packing 1/- extra.

Seventy Years Ago

From Guy's Hospital Gazette, 5th January, 1889.

"At a considerable depth below the surface, in the College site, the workmen came across what was possibly an old drain, a bricked passage, ten feet in vertical diameter. Some five or six thousand bullocks horns were unearthed, forming a rather extraordinary treasure trove with an unexplained history. But of actual "finds" in an antiquarian sense there have been practically none. A solitary little bottle of green glass, veined with yellow, and obviously ancient, together with a piece of broken pottery, the pattern on which would convince the most unbelieving critic of its antiquity, are all there are to show. In addition, some old clay tobacco pipes were discovered, with very small bowls and very thick stems, identical in pattern with some unearthed in the Hospital grounds the other day. There is little doubt that these belong to the time of the commonwealth, and are probably relics of a military encampment which is known to have existed here n those days."

OBITUARIES

ROBERT BLAKE POOLE LANSDOWN

Robert Lansdown was born May, 1894, and died at Lymington, Dorset, in September, after a short illness.

His father was a surgeon in Bristol and he was educated at Clifton College and at Pembroke College, Cambridge. He entered Guy's for his clinical work in September, 1916. He took the Conjoint qualification in October, 1919 and subsequently the M.B., B.Ch. Camb., in December, 1921. He held all the junior House Appointments and was then House Surgeon to Mr. C. H. Fagge. After holding the appointment of Ophthalmic House Surgeon, which at that time included E.N.T. and Orthopaedics, he was appointed R.O. to Mr. Chapple.

He was President of the Residents in June, 1921, C. de W. Gibb preceding him in this position and C. Gill Carey succeeding him.

In all he held House Appointments for three years and he then went into practice at Coulsdon, Surrey, where he remained for all his working life.

He retired to Lymington some two years ago.

A man of great charm he made friends wherever he went, he developed a large practice in the Coulsdon district where he was held in great esteem. He was on the staff of the Purley and District Hospital. He was an excellent pianist and he could play by ear any tune which he had once heard.

In his younger days he was in great demand at social functions and he wrote and played the music for the Residents Plays after the first World War.

He will be sadly missed by members of the Thirty Club whose annual dinner he invariably attended. He was twice married. His first wife, by whom he had three sons dying at an early age, he married again some twelve years ago. Our sincerest sympathies are with his wife and family.

W.D.D.

LESLIE PRICE-HARRIS, *M.C.*, M.R.C.S., L.R.C.P., L.D.S.

Mr. Leslie Price-Harris died on 16th October, 1959. To his widow and family we offer our deepest sympathy.

Dr. G. B. Pritchard, writes :

You may have heard of the death of Leslie Price-Harris from another source. He was of my year—1906. He was on the Junior Dental Staff in 1913 and again 1919. During the '14-'18 war he served in the 2nd/4th London Field Ambulance under Colonel T. B. Layton, in France, Salonika and Palestine, with the rank of Captain. In 1917 he was appointed D.A.D.M.S. 60th Division under Colonel G. B. Dowsett, with the rank of Major, and was demobolised with an M.C.

CORRESPONDENCE

Letter to the Editor of the Gazette

Keats and Guy's

SIR,—Mr. Doubleday, in his excellent article on John Keats, appears to be more in sympathy with the mind, and therefore the actions, of the literary genius than most writers of appreciations of the major poets. I feel that it would perform a long neglected service to one of the most famous men who ever trained at Guy's if he would undertake the task of compiling a collection of Keats' writings, and add a "life" modelled on the lines he followed in his article.

Mr. Doubleday has shown by his knowledge and sympathy with his subject and his obvious love of the poet's work that he is capable of the task, and who better to handle it than someone who was trained at Guy's and who has a medical kind of approach to the problems involved ?

I would be grateful if you could find space to include this letter in the column of the *Gazette*, because I am sure that most Guy's men would be interested in such a book and would want to buy a copy if any publisher would be prepared to publish it.

Yours etc.,

The Gateway,
Langport, Somerset.

J. M. ALEXANDER.

USE OF DRUGS IN GENERAL PRACTICE

A lecture given in a course of Pharmacology at Guy's Hospital Medical School, on 26th October, 1959

By JOHN FRY, M.D., F.R.C.S.

What is General Practice?

General Practice is more than a branch of medicine, more than a speciality—*it is a way of life.*

Once one enters *General Practice* one must be prepared to live with it 24 hours a day, be prepared for it to permeate the very interstices of one's life and work. It will also be a way of life for the doctor's family. Being brought up in a G.P.'s home is a privilege and experience not to be missed! My own experiences confirm this.

The reasons for this close association with one's work, associations that hardly exist in any other branch of medical profession, are that the *G.P.* is an essential and important part of our community and social set-up. He lives and works in the static community of his own practice and becomes a most important and respected being to his patients.

He will care for families composed of individuals whom he will follow up and observe over the years from the cradle, through childhood, adolescence and adult life, and sometimes right up to the grave. He will care for patients as individuals, whose background, past and family histories are well known to him, as soon as the patient enters his consulting room. No lengthy history taking is necessary to elicit the illnesses through which the doctor has helped his patient. No discrete questions are necessary to realise that all is not well with a marriage, that housing difficulties occur because of in-law troubles, that the breadwinner is out of work, that the husband is a drunkard, or that the child is adopted.

General practice is more than anything else a matter of personal medical care of the patient as an individual by that family's doctor.

Disease in General Practice

The content of general practice is not that of a dull collection of minor and trivial ailments, but rather of a fascinating opportunity to observe disease in the raw; all types of diseases are there to be diagnosed and managed.

Being interested and devoted to general practice I have made a practice of keeping careful records and I find that in any year I see a multitude of "interesting"and far from trivial cases.

In an average year I will have under my care:—

Some	75—100	hypertensives
,,	75—100	peptic ulcers
,,	20— 30	coronary occlusions
,,	10— 12	cerebro-vascular episodes
,,	15— 20	"acute abdo's" to be diagnosed
,,	100—150	pneumonias
,,	20— 30	diabetics
,,	12— 15	new cancers to be diagnosed
,,	40— 50	anaemias to be diagnosed (and 100 to be maintained and followed up).

At the same time I will care for some few thousands of colds and coughs, gastro-intestinal infections, neuroses, skin disorders, rheumatic disorders, acute otitis media, measles, etc.

As well as these acute cases there are some 50—100 "chronics" to be cared for—the elderly, the infirm, the dying, the distressed and the despondent. All these are part of general practice and I mention all these because drugs form a relatively small part of general practice methods and techniques. We use a good deal of drugs in practice but only in combination with our own personal methods of care—support, listening, reassuring, comforting, using ancillary services and other social agencies to help the patient.

Management of Disease

Although this is a talk about the use of drugs, I would like first to discuss a few principles on the management of disease in general. It is essential always to view the situation as a whole with the patient and not the disease as the central point.

To manage the situation certain information is required.

(i) *Knowledge of the Patient*
What type of person is he or she?
What is his social background?
What is the background to the present illness?
What is the family history?

(ii) *Knowledge of the Disease?*
It is not enough to be familiar with methods of diagnosis of, say, pneumonia or bronchitis, not enough to know possible causes and the pathological changes taking place. We should also appreciate and understand the natural history and possible course over a period of time. What are we aiming at in our therapeutic endeavours? Are we merely treating the acute incident or are we to take a long view and attempt to prevent, say, the development of chronic bronchitis? What of smoking habits? What of the occupational risks? How many acute lung infections go on to chronic illness? All these factors must be appreciated in management.

(iii) *Knowledge of Drugs*
Since many illnesses require the use of some drug or other we should have a clear understanding of why we are using them and what we think they are doing. We must never fool ourselves and succumb to wishful thinking or be confused by glossy advertisements in the journals. We should appreciate that there are three main groups of drugs in use.

(*a*) *Specifics*—as the antibiotics, insulin and vitamin B.12 which act specifically for a certain disease.

(*b*) *Palliatives*—which are most useful in general practice and are necessary in treating probably 80 per cent. of G.P. illnesses. Many of these illnesses are self-limiting, as the common cold, 'flu, gastroenteritis, measles and the like, but the patient still deserves, nay demands, relief from unpleasant symptoms, and we prescribe linctus, lozenges, aspirin, stomachics and liniments to relieve discomfort, knowing full well that they will have not the slightest effect on the course of the illness.

But we are after all treating the patient and not the disease.

(*c*) *Placebos.* It may seem almost to be acting as a charlatan to talk about placebos—which are after all, those drugs which we know full well are neither specific nor palliative in their action, but which are now useful in practice. We feel sometimes that the patient's symptoms are not due to any organic disease and are emotional and that what is necessary is for the personal problems to be discussed and ventilated, for sympathetic listening, comfort and assistance, but nevertheless after each such interview the patient feels all the better if, in the intervals between these therapeutic sessions, she is able to take away some medicinal token that, when taken regularly, reminds her of the doctor's advice, guidance and reassurance. If these placebos are used in this fashion they are most valuable in the management of a common and difficult group of patients.

Use of Drugs

Although drugs play only a part in the management of disease it is an important part and we should consider some practical aspects in their usage by the family doctor.

Scientific Principles

As always, sensible and correct use of drugs must be based on a sound knowledge of basic pharmacology and therapeutics. The actions and side effects must be understood if the best results are to be achieved.

Assessment of the value of drug

Constant awareness is essential if one is to be discriminating and critical. It is so easy to get into a groove and go on prescribing a favourite "tonic" or substance blindly from habit and rule of thumb. Periodically a pause should be made for reflection and analysis of our own methods and techniques, and to ask ourselves whether all that is being used is really necessary and the best? For example, to take a common matter, should all cases of *acute tonsillitis* be treated with antibiotics? I think not. It is easy to assume that since tonsillitis is probably caused by sensitive bacteria and because complications may be serious all cases require treatment. I have shown in my own practice that only in some 50 to 60 per cent. of acute tonsillitis can streptococci or other sensitive organisms be isolated, and even in these it is by no means certain that they are responsible for the infection. As for complications—having treated over 1,000 episodes over ten years, I have not yet seen any cases of rheumatic fever and only four cases of acute nephritis. My own practice is to restrict antibiotics for the more severely ill, and if I do this I find that only some 20 per cent. will need them. The same approach can be made to other infections and other complaints.

New Drugs

Beware of over enthusiasm. Do not fool yourselves and harm your patients by trying to give them the *very* latest new drug. Wait, and wait yet again until someone else has tried it out and reported on its complications and on its true indications. In 99 per cent. the drug has far fewer benefits than is originally claimed. In therapeutics

conversatism is still the best and safest course.

Keeping up-to-date

We must remain perpetual students. The habits of reading and keeping up-to-date should be inculcated *now* in your student days.

You should make a point of looking through the *B.M.J.* and the *Lancet* each and every week. If in general practice you should also take the *Practitioner* and perhaps one or two other journals by subscription or from a library. Books are far less important than the journals in keeping up to date.

Personally, I pay little and very critical attention to the mass of advertising matter sent to me by the drug firms. Some is interesting, much is useless. It is far better to rely on critical reports in the journals and to wait until the experts have had a chance to make up their minds before you make up yours.

Do not be overswayed by the plausible young men who call on you as representatives of the drug firms. They know far less than you on how to treat your patients. I am afraid I am most hard on them and they often fail to answer certain pertinent questions.

Costs

The doctor has a duty to the community, to the profession, to the patient and to himself to keep costs down. Unnecessary waste should be avoided. This can be done if we practise the sensible and critical approach I have mentioned, if we always ask ourselves whether what we prescribe is really necessary and take steps to appreciate the cost of our prescriptions (very few doctors do). If we avoid ordering lavish quantities (that are often never used) and if we stick to the cheaper and equally effective non-proprietary equivalents, we will at least go some way to keeping our own costs down.

N.H.S.

Our National Health Service (like our policemen) is wonderful. Of course vociferous grumbles are occasionally heard, but these grumbles are good for the future and are much better than the muffled groans that were hardly ever heard in the pre-N.H.S. days concerning existing faults that could not be put right because of lack of funds, etc. Taken all round we in Great Britain have potentially the best, most available and most fair health service in the world today.

Prescribing is just a part of this service, but it is relevant to our present subject.

The doctor in the N.H.S. is allowed to prescribe whatever he thinks fit, providing it is for the good of the patient and providing that he can substantiate this claim. In the majority of cases the G.P. writes out a prescription on an authorised pad and the patient has it dispensed at the chemist. In rural areas many doctors still undertake their own dispensing to save the patients time and money travelling to the nearest chemist. All that the patient has to pay is 1/- for each script taken to the chemist.

Risks of Drug Treatment

The dangers of taking drugs should be appreciated. In addition to the known side effects, idiosyncrasies and toxic reactions we should be aware of the risks of addiction and the production of iatrogenic disorders.

With the large quantities of barbiturates, amphetamines, tranquilisers and other drugs now being used for emotional troubles, addiction is occurring in an insidious but to a quite appreciable degree. Patients become unable to do without the tablets they take for sleeping and the tablets they take for waking up. Although no serious and permanent ill effects occur, it is a sad reflection on present day life in general, and on medicine in particular, that this happens. It can be minimized by a better appreciation and understanding of the causes of these common emotional troubles and by a more effective method in their management.

Conclusions

I hope that you young men and women, who are to be our future doctors, will pick out three facts from this discussion:—

(*a*) That general practice offers the most tremendous opportunities for interesting work.

(*b*) That wherever you end up, be it general or consultant practice, wherever you have to deal with patients, do above all remember to consider and treat them as individuals, as persons with their own special and peculiar backgrounds, anxieties, fears and problems. Listen to them patiently and try and understand what lies behind their visit to you. Do all this before you ever get down to thinking of what drug or what operation you are going to use.

(*c*) There is much more to the use of drugs than knowing their actions, side effects and indications. Give a thought as to whether they are really necessary and what you are using them for. Give a thought to costs, although neither you nor the patient are directly responsible for paying for the prescription.

CORRESPONDENCE

Letter to the Editor of the Gazette

"Between Hope and Despair—A Modern Dilemma in Treatment"

SIR,—May I, through the courtesy of the *Gazette*, invite students to attend the lecture with this title, which is to be delivered at 6.15 p.m. on Tuesday, 24th November, 1959, in Lecture room " C ", at the B.M.A. House, Tavistock Square, London, W.C.1.

This lecture is one of a series on the Christian approach to medical ethics, which is being given under the auspices of the Christian Medical Fellowship with the London Inter-Faculty Christian Union, and on this occasion the speaker will be Mr. Douglas Jackson, who is a Guy's man, being a Consultant Surgeon and a Medical Research Council's worker on the Burns Unit at the Birmingham Accident Hospital. The lecture will be illustrated by slides and the Chairman will be Mr. Gerald Golden, who is Orthopædic Surgeon in the Guildford Hospital Group.

For the convenience of students who would like to attend, a coach will be leaving the Car Park punctually at 5.30 p.m. The meeting is to be preceded, at 4.45 p.m. in the Physiology Theatre, by the showing of a sound colour film in the Fact and Faith film series, entitled "Dust or Destiny". All members of the Hospital Community are cordially invited to this showing.

Yours etc.,

SIMON S. BROOK,
President, Guy's Hospital Christian Union.

Guy's Hospital, S.E.1.

Jan Steytler

SIR,—Many Guy's men who were at the Hospital during the five pre-war years will remember Jan Steytler, who is perhaps the first Guy's man to have a special article to himself on the centre page of the *Times*. "Rebel against Apartheid" in the *Times* of 12th November, 1959, will be of the greatest interest to Steytler's many friends at Guy's.

Yours etc.,
J. J. CONYBEARE.

14, St. Thomas's Street,
London, S.E.1.

SIR,—It must be a long time since a Guy's man had the distinction of a two-column article in the middle pages of the *Times*. This distinction came to Dr. Jan van Steytler yesterday in the series "People to Watch". Many will remember van Steytler in his days as a student and resident at Guy's and for his rugger and for his sturdy character. Those who had the pleasure of getting to know him well, including the writer during the time he was a house-officer at Orpington in 1940, felt sure he would have a successful future but did not forsee that it would lead him to such prominence in politics. The stand he has taken must have called for the greatest moral courage. The credit must go to van Steytler alone, but we like to think that he added something to his broad humanity and rugged individualism from his friends, and from the atmosphere at the Hospital. There must be few Guy's men—whatever their political views—who do not wish him well in the difficult tasks that lie ahead.

Yours etc.,
MAURICE CAMPBELL.

Guy's Hospital, S.E.1.

P.S.—Since writing this I see in the papers of 14th November that van Steytler has been chosen as leader of a new political party in South Africa.

The Landon Tea

SIR,—May I once again appeal on behalf of the Landon Tea Fund. We hope to entertain about 230 children on Wednesday (23rd December), 3—6 p.m. Gifts of money, also toys and books (new ones !) will be most gratefully received.

Yours etc.,
DORIS CHRIMES (*O.P.D.*).

Out-Patient Dept.,
Guy's Hospital, S.E.1.

Is Science Enough ?

SIR,—Dr. H. St. H. Vertue has led us a delightful journey through the wilderness of thought, until we reach beauty, ever recurrent and reviving beauty. May we not go one step further, and say that beauty compels us to perceive design ? And we know you cannot have design without a Designer.

Yours, etc.,
M. ASTON KEY.

14, Clarendon Road,
Southsea.

Family Physicians

SIR,—It is said in your issue of 7th November, page 388, line 5, that sometimes family physicians, in the interest of their patients, resort to jargon. It is my belief that they mislead themselves.

Yours etc.,
JOHN DOMINICK.

Treniffle Lodge,
Lawhitton,
Nr. Launceston, Cornwall.

St. Christopher's

SIR,—May I congratulate you on your interesting article on St. Christopher's Hostel. I was, however, rather taken aback to find myself erroneously included. The credit for the brightening and beautification of St. Christopher's must go to the Student Committee headed by Mr. Mallinson and Mr. Lewis. My contribution was limited to supplying colour samples and pontifical utterances on the General Principles of Interior Decoration. I think it should be known how very much thought and hard work was contributed to this project by the Secretary of the Art Society, and that consequently the halfpence—though, I hope, no kicks—are really his due.

Yours etc.,

BARBARA BOLAND.

Counting House,
Guy's Hospital, S.E.1.

SIR,—We have heard of St. Christopher's and were delighted to read so good a paper on it, but to see that reference to 'The Old (Sophie's) Hostel' without very much fatter brackets to it was distressing. Sophie, praise be, remains flourishing at the head of her hostel, running it with so much kindness, tolerance, wit (her stories are not for octagenarians), that she must have many hundreds of affectionate friends along the line of past residents. The man who was asked about his Alma Mater and replied: "Sophie's" speaks for all us poor classicists, and prompts a suggestion. 'The Old' never was much of a name, and time has come for 'Sophie's Hostel' to be adopted by all as the proper and only name. This small mental effort, with a little official sanction from the telephone book, would ensure a much better name that should perpetuate a great Guy's character, even if the present hostel may one day fall a victim to the changes following in the wake of the New Guy's House move. She will clip me one if she reads this so you must allow me to sign.

Yours, etc.

SOPHIE'S HOSTEL MAN.

Guy's Hospital, S.E.1.

REVIEWS

Synopsis of Ophthalmology. By WM. H. HAVENER. 1st Edition. Published by Henry Kimpton. *Price* £2 10*s*. 0*d*.

The medical student repeatedly asks for a lucid, concise book on Ophthalmology. The ophthalmologist would like to recommend a short textbook which can, on the one hand, stimulate the student to pursue the subject more widely, and on the other hand to be practical and comprehensive should he read no further. This synopsis fulfils these conditions particularly from the practical standpoint where much emphasis is made by the author on prevention of unnecessary blindness rather than a prècis of all the diseases which can affect the eye. The author has managed to include observations of practical importance, usually omitted by more advanced textbooks and only learnt by long experience. The numerous illustrations of external diseases are excellent and the chapters well allocated.

Instances of simple direct advice include the importance of evaluating a patient's visual acuity, moving oblique bright illumination for corneal examination and immediate prolonged irrigation with plain water as a first aid measure for chemical burns.

The book is characterized by plain unvarnished fact rather than abstruse academic theory. I particularly liked the chapter on eye injuries which includes all the important details necessary for the general practitioner. The importance of recognising normal variants which may resemble serious disease is given prominence and adequately described.

The technique of illustrating important observations to emphasise them may lead one to think that valuable space is unnecessarily wasted but I am convinced that for some students, illustrations remain in the mind when the text is forgotten.

There is little to criticize but I thought the fundus photographs are in the main poor and would have been better as artist's illustrations. The optimistic contention that early cases of chronic simple glaucoma are usually controlled by miotics and that this type of glaucoma is characterised by a shallow anterior chamber, would be argued by some who consider this to be a characteristic clinical finding in acute and subacute chronic congestive glaucoma. Posterior uveitis is not stressed enough, nor is uveitis sufficiently well described, but rather the emphasis is placed on aetiology which unfortunately does not mention coincident ankylosing spondylitis.

Glaucomatous optic atrophy perhaps would have been better omitted from the category of secondary optic atrophy which correctly classifies this type of atrophy as having glial tissue on the nerve head. There is enough confusion in this nomenclature as it is.

There must, of course, be a limit to the amount of material the author can condense into such a small book and although quite rightly he refers the student to the appropriate textbook, *e.g.*, in the evaluation of the central causes of field defect, a large variety of ocular disorders are included.

No student should demur at the price of this beautifully presented synopsis of ophthalmology which will provide an excellent basis for his understanding of this speciality.

S.S.F.M.

Modern Trends in Pathology. Ed. by DOUGLAS H. COLLINS. 1959. London : Butterworth & Co. (Publishers) Ltd. Pp. x, 334 and 12 ; 135 text figures. *Price* £3 10*s*. 0*d*.

This is the first volume of the well-known "Modern Trends" series to be devoted to pathology, and Professor Collins, the editor, has picked a strong and extremely versatile team of authors, each a master of the field of which he writes. He emphasises that their contributions are designed, not so much for fellow initiates in their particular branch of knowledge, as for readers whose interests are more general or mainly concentrated in other channels.

The titles and authors of the 15 chapters are as follows : "The Injured Cell" (Prof. Sir Roy Cameron); "The Examination of Pathological Tissue in a Fresh State" (Prof. R. J. V. Pulvertaft); "Injury to Connective Tissue" (Prof. D. Murray Angevine); "The Localization of Antibody Production" (Prof. C. L. Oakley); "Endogenous Mechanisms in the Acute Inflammatory Reaction" (W. G. Spector); "Whole Body Irradiation" (R. H. Mole); "Some Uncommon and Recently Identified Tumours" (Prof. R. A. Willis); "Cancer in Africa" (Prof. J. N. P. Davies); "Cancer of the Liver" (Prof. P. E. Steiner); "Disorders arising from the Human Trophoblast" (W. W. Park); "Movements of Neurotoxins and Neuroviruses in the Nervous System" (Prof. G. Payling Wright); "The Pathological Relationships of 5-Hydroxytryptamine" (Prof. A. C. P. Campbell); "The Human Adrenal Cortex in Disease" (Prof. T. Symington); "Occupational Pulmonary Diseases" (Prof. J. Gough); and "Pathological Ossification and Osseous Metaplasia in Man" (Prof. D. H. Collins and Prof. R. C. Curran).

All of these contributions are of a high standard, as are the accompanying illustrations, while the book is a valuable source of references—especially to the work of the last 10 years. Errors are extremely few: the word "deficiency" has evidently been omitted from the last line of p. 51, while "Vine's" on pp. 258 and 265 should read "Vines'" (or "Vines's, according to preference).

The production of the book is excellent (with the sole exception that, in the copy received for review, pp. 1-2 were insecurely bound). The price, relative to the current value of the Pound, is just.

This book, addressed "to pathologists of every category", deals most admirably with the recent advances in a wide range of pathological problems. (As is made clear in the Introduction, the selection of these topics was made easier by the fact that chapters or sections on the relevant pathology have appeared in most of the specialist volumes previously published in this series). Clearly there is grist here for workers of many different types and tastes, including the student seeking Honours in his qualifying examination in pathology, or keen to read more on any of the topics discussed than his textbooks may provide. Your reviewer has read this book with interest and with much profit. He predicts a brisk demand for it, and hopes that a second volume will follow in the not too distant future.

G.A.K.M.

The Future of the Family Doctor. By B. CARDEW.

This short Fabian Society pamphlet by Dr. Cardew, secretary of the Medical Practitioners Union, ex-G.P. and a Guy's man, should be read by all who are interested in general practice and its relations with the hospitals. It is a stimulating and thought provoking review of the present written with understanding, and makes many practical suggestions for the future.

The introduction discusses the importance of general practice in our medical organization and traces the historical developments of our National Health Service to the present.

A review of the present notes that there are now 22,500 family doctors in Great Britain of whom two-thirds work in partnership. Group practices number over 200 and these numbers are ever increasing—a good portent for the future.

Turning to practical matters, Dr. Cardew discusses with expert knowledge the daily volume of work of the family doctor and concludes that the maximum size of the numbers of patients he is allowed to have should be reduced by 20% so that he is able to spend more time on his patients. This is fallacious reasoning, however, because it certainly will not follow automatically that the doctor will do so. He might spend the extra time on matters outside medicine.

A plea is made for more experiments in the organization and planning of general practice, and the advantages of the group practice and the health centre should be further examined.

Although on the whole the standards of general practice in Britain are adequate, a strong case is made for improving them. The difficulties are appreciated and no dramatic solutions are put forward. The best plan must be to encourage doctors to put things right themselves. The system of payment should be altered so as to provide financial incentives for better practice. Training for general practice must improve, starting right back in the undergraduate period with more attention being paid to environmental, social and psychological medicine.

The final section is concerned with the financial and economic aspects of the suggestions made, and it is concluded that progress can be made only by strong and realistic action from the top, involving an appreciable amount of money being spent on the improvement of general practice.

J.F.

Aids to Male Genito-Urinary Nursing. By JOHN SAYER, S.R.N., D.N. Baillière, Tindall & Cox. 3rd edition, July, 1958. *Price 8s. 6d.*

Although this book was initially written for the particular interest of male nurses it is useful for all nurses. All libraries in Schools of Nursing should have one or two copies to which their nurses can refer and a copy should be to hand on every ward in which patients suffering with genito-urinary diseases are nursed.

Mr. Sayer has collected together, in a simple and clear manner, material which would take the student nurse many hours to find for herself. She should use it as an "aid" to her studies rather than a textbook.

This book starts with a clear account of the anatomy and physiology of the male genito-urinary system and ends with an appendix which sums up the instruments used in this field and lists the normal values of chemical substances present in urine and in blood. In a chapter on "Investigations" and "Tests" Mr. Sayer has described urine testing in detail, including the modern tablet tests. He has revised the chapter on drugs to include the latest sulphonamides and antibiotics.

The book describes in detail the diet given to people suffering from renal disease and includes recipes for making barley water and Imperial drink and even specimen menus. Throughout there are excellent anatomical diagrams and also diagrams of the instruments and the appliances used in genito-urinary surgery.

It is a pity that Mr. Sayer has had to include practices which are no longer used in Britain. Where he had to do so, he has stressed their antiquity but in the preface he states that he has had to include them because the book is used both in Britain and in the Commonwealth.

Both Mr. Sayer and the publishers are to be congratulated on producing a book containing such a mint of information for so small a price, eight shillings and sixpence.

R.B.

SPORT

GUY'S HOSPITAL RUGBY FOOTBALL CLUB

FIXTURES—SEASON 1959-60

Date		*Ground*	FIRST XV	*Opponents*
1959				
November	21	H.O.P.	.. .. ..	Rosslyn Park
	25	Motspur Park	.. ..	London University
	28	Aberavon	.. .. ..	Aberavon
December	5	Coventry	.. .. ..	Coventry
	12	Thames Ditton	.. ..	Old Cranleighans
	19	Streatham	.. .. ..	Streatham
	26			
1960				
January	2	H.O.P.	.. .. ..	Richmond
	9	Plymouth	.. .. ..	Plymouth Albion
	16	*Twickenham*	.. ..	*England v. Wales*
	23	H.O.P.	.. .. ..	Devonport Services
	30	H.O.P.	.. .. ..	Metropolitan Police
February	6	H.O.P.	.. .. ..	Coventry
	13	*Twickenham*	.. ..	*England v. Ireland*
	20	H.O.P.	.. .. ..	Aberavon
	27	H.O.P.	.. .. ..	Exeter
		Paris ..	.. .. ..	*France v. England*
March	5	Richmond	.. .. ..	London Welsh
	12	Nuneaton	.. .. ..	Nuneaton
	19	H.O.P.	.. .. ..	Old Dunstonians
		Murrayfield	.. .. ..	*Scotland v. England*
	26	H.O.P.	.. .. ..	London Irish
April	2	H.O.P.	.. .. ..	Old Merchants Taylors

NOTE.—H.O.P. denotes home ground Honor Oak Park.

RUGBY

Guy's v. Wasps

At H.O.P. 31st October, 1959

Result—Lost 19-0

Another encouraging performance by Guy's gained a complimentary write-up by the *Sunday Times*. The Hospital side were indeed unlucky to lose by a relatively wide margin to a team that included four Internationals and three International trialists.

The Guy's side included the following changes. Treadwell replaced Patterson at hooker and in the absence of Nicholas, Hollingsworth renewed his "A" XV partnership with Murray. The pack was shuffled around owing to an injury to Harris, and Baker came into the back-row.

In the first half Guy's looked the better side. Outstanding tackling and covering by every member of the team and in particular the back-row prevented Wasps from getting into their stride. Hollingsworth who played a well-judged game set his three-quarters moving well and they looked the more incisive and dangerous of the two back lines. The only department in which Wasps were superior was in the line-outs where Harris was conspicuous by his absence. Pagliero was unlucky with two penalty kicks but produced some good fielding and touch-kicking and opened up the game on several occasions. Murray had another good game and made several neat breaks from the base of the scrum. Several times Guy's came close to scoring from three-quarter movements and just before half-time they produced the best movement of the match in which almost the whole side handled the ball. A forward rush from the Guy's 25 saw the ball passed from Leyshon to Bryant to Hollingsworth to Thomas and finally to Biggs who was tackled into touch just short of the line. Wasps retaliated and after pressing scored from a diagonal kick that bounced kindly for their left wing.

In the second-half Guy's continued to hold their opponents until the last ten minutes when the weight of the Wasps pack and the speed of their backs began to tell. However, the Hospital never gave up and were game to the end. Leyshon made two dashing breaks along the touch-line and was unlucky not to score from the second when he was obstructed following short kick ahead. Bryant also made a nice break when he forced his way through several tackles. Pagliero showed some good judgment in defence and Knight saved a dangerous situation with a good touch-kick. Although the Wasps back-line made more use of the ball only one try was scored by a three-quarter and that was a break-away try by their left wing. The remainder of their score consisted of a drop-goal and two opportunist tries by Syult.

Guy's have settled down into a well-balanced side with a useful link between forwards and three-quarters and they should go from strength to strength.

Team : K. M. Pagliero; J. Leyshon, J. C. Thomas, T. D. Bryant, D. A. Biggs; R. Hollingsworth, M. D. Murray; A. C. Knight, W. T. Treadwell, A. P. Buirski, B. Blackwell, D. R. A. Lloyd-Edwards, I. Baker, A. G. Child, T. A. English.

Guy's v. Old Whitgiftians

At H.O.P. 14th November 1959

Result—Won 25-9

By refusing to bow to the conditions Guy's and the Old Whitgiftians provided a fast moving and wholly entertaining afternoon's rugby.

The cold slippery conditions apparently favoured kick and rush tactics; the Hospital, however, were determined to handle the ball as much as possible. Indeed both Whitgiftian tries were a result of people trying to pass a loose rolling ball instead of falling on it.

The first try came within four minutes giving the Guy's fifteen that initial confidence. The whole three-quarter line exhibited an assurance in handling and hard running not seen in any previous game. Hollingsworth, by virtue of a good service from Murray, was able to get his line moving at speed: he carried his tactics cleverly, kicking well in both attack and defence.

The forwards were set an untiring example by Blackwell, who excelled in the line-out. Harris was exceedingly mobile in the loose: his command of the technique of marking was exemplary Treadwell triumphed in the hooking duel, and was rarely far from the scene of most activity. Neither side was able to assert itself in the line-out.

The score at half-time was 8-0—a converted try scored by Leyshon from a cross kick by Murray, and another try by Bryant.

The Whitgiftians were forced to defend desperately throughout the second half, except for a brief period after they had scored their second try. Even so Guy's increased their lead with tries through Hollingsworth, Blackwell, Bryant, Leyshon and Thomas; all being results of good team-work, except the last mentioned when the scorer made a good inside break just outside the opponents' twenty-five and touched down by the posts, Pagliero converted.

Team : K. M. Pagliero; D. A. Biggs, J. C. Thomas, J. D. Bryant, J. Leyshon; R. Hollingsworth, M. D. Murray; A. G. Knight, W. T. Treadwell, A. P. Buirski, B. Blackwell, P. W. R. Harris, I. Baker, A. G. Child, T. A. English.

SOCCER

United Hospitals League

Guy's v. St. George's

Result—Lost 4-1

The game opened at a furious pace with Guy's much the better side and it came as no surprise when after seven minutes Guy's took the lead through Landers. The pressure was maintained and Landers was unlucky not to score twice more.

Towards the end of the first-half, however, St. George's came more into the game and equalized after a good run on the left.

They took the lead two minutes after the interval when Palmer was unlucky to put through his own goal. Guy's fought back strongly but were unable to find their first-half form. St. George's scored twice more in the last ten minutes of the game when Guy's fell completely to pieces.

Guy's must learn to play good football for ninety minutes not thirty if they hope to gain the success which their early play richly deserves.

Team : Parry; Winchester, Palmer (capt.); Sheridan, Trayfoot, Barrett; Roberts, Shepherd, Landers, Heath, Lamb.

Result :

Guy's 2nd XI v. St. Thomas's "A" XI

Result—Won 7-1

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Senior Registrar in Psychological Medicine** with duties mainly in the Child Guidance Clinic, Guy's Hospital. The appointment, which will commence on 1st January, 1960, will be until 30th September, 1960, in the first instance.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **4th December, 1959.**

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Registrar in the Department of Ophthalmology,** Guy's Hospital, with duties on two or four sessions per week. The appointment, which will commence on 1st January, 1960, will be until 30th September, 1960, in the first instance.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **4th December, 1959.**

GUY'S HOSPITAL, S.E.1

The Board of Governors of Guy's Hospital invites applications from registered **Dental Practitioners** for the following appointments with duties from 1st January, 1960, to 30th September, 1960, in the first instance :—

Casualty Department

Part-time Registrars to attend on 3 or 6 sessions per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff on the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications with the names and addresses of TWO referees should be sent not later than **28th November, 1959.**

APPOINTMENT

Dr. N. K. Macrae-Gibson has been appointed Psychiatrist to the Chipstead and Mitcham Child Guidance Clinic.

DENTAL HOUSE SURGEONS

8th November, 1959 to 7th May, 1960

General Duties:	Mr. D. H. Gibb
	Mr. T. B. Dowell
	Mr. K. G. Isaacson
	Mr. A. R. Lynch.
Resident:	Mr. C. W. R. Bullock
Children's Department:	Miss J. Joslin to 7th February, 1960
	Mr. A. B. Hewitt
Prosthetics Department:	Miss R. M. Bain

GUY'S HOSPITAL MEDICAL SCHOOL

Leslie Hillman Prize in Haematology 1959

The following awards have been made :

I. G. McGill —Prize.
D. R. Harvey —Certificate.

Confined Scholarship in Science 1959

I. A. Baker—Scholarship.

NURSING NEWS

Entered :

S/M M. Pearson to *Nuffield D.*
S/N O. Lewellen to *Wilks.*
S/N J. Campbell to *O.P.D.*
S/N B. Forbes to *Surgery.*

Left :

Sister E. Cowan, *Victoria.*
S/M J. Lively, *Nuffield D.*
S/N D. Fattery, *York Clinic.*
S/N J. Grimsdale, *Job.*

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 4s. 3 lines 10s. 6d. Box Numbers 9d. extra. Ordinary rates 10s. 6d. per line. Box Numbers 1s. extra.

SKI-ING 6000 ft. up at Saas Fee February 6th to 21st—just when you need it. For further i formation apply : P. B. Webb, 14, Vicarage Gate, W.8.

AVAILABLE for baby sitting, LADY STUDENT. Guy's area. Box No. 201.

Required

SECRETARY, preferably S.R.N. with short-hand, for single practice S. London. Accom-modation will be found if necessary. Apply : Dr. K. I. Porges, 175, Croydon Road, Anerley, S.E.20. Tel. LIV 4466.

CLERK (tempy.), for addressing envelopes to Medical Practitioners. Write Box 500.

OBSTETRIC Forceps. Write Box No. 199.

WALLINGTON, Surrey, Assistant Dental Surgeon in January. Beautifully equipped surgery with airotor and oralex X-ray unit. Unfurnished 3 bedroom house available nearby. Highest remuneration. Box No. 197.

NEEDED urgently by relative of Guy's Sister (business woman), room, preferably unfur-nished, with gas ring and meter. Wimbledon. Approximately £2.0.0 weekly. Box No. 198.

To Let

FLAT available close Guy's. Telephone, Frig. Garage, if required. Box No. 200.

For Sale

CHRISTMAS CARDS (Guy's) are available in the *Gazette* Office, 16, St. Thomas's Street, prices 2/6 to 7/6 per dozen. Postage and packing 1/- extra per dozen.

HISTORY OF GUY'S 1725-1948. Reduced to clear 5*s.* each. Postage, Packing 2*s.* extra. Apply *Gazette* Office, 16, St. Thomas's Street, S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6*d.* each. Coat of Arms 5/6*d.*, PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, St. Thomas's Street, S.E.1.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Beales, Philip H. The Problem of the Mastoid Segment after Tympanoplasty. *J. Laryng.*, 1959, **73**, 527.

Campbell, Maurice and another. John Hay. *Brit. Heart J.*, 1959, **21**, 573.

Forman, Louis. Gynaecomastia Persisting after Œstrogen Therapy for Acne. *Proc. R. Soc. Med.*, 1959, **52**, 850.

Forman, Louis. Kaposi's Sarcoma with a Lung Tumour. *Proc. R. Soc. Med.*, 1959, **52**, 851.

Forrest, J. O. Notes on Aspiration before Injection of Local Anaesthetics using Dental Cartridges. *Brit. dent. J.*, 1959, **107**, 259.

Gorer, P. A. and Mikulska, Z. B. Some further data on the H-2 System of Antigens. *Proc. roy. Soc., Ser. B.*, 1959, **151**, 57.

Hardwick, Christopher, Butterfield, W. J. H., Fry, I. Kelsey and Briggs, J. H. Direct Measure-ment of the Effect of Insulin on the Uptake of Glucose by Peripheral Muscles in Normal Subjects, Diabetics and Acromegalies. *Proc. R. Soc. Med.*, 1959, **52**, 807.

Levitt, H. N. and another. On the Criteria for Membership of the College. *J. Coll. gen. Practit.*, 1959, **2**, 408.

Lloyd, Geoffrey H. T. The Differential Diagnosis of Cervical Spondylitis. *Med. Pr.*, 1959, **242**, 400.

Oliver, Leslie. Parkinsonism due to Midbrain Compression. *Lancet*, 1959, ii, 817.

Pegum, J. S. and others. Dermabrasion. An Appraisal. *Brit. J. Derm.*, 1959, **71**, 371.

Tulley, W. J. The Role of Extractions in Orthodontic Treatment. *Brit. dent. J.*, 1959, **107**, 199.

Williamson, A. W. R. and others. Prolonged Maintenance of Coronary Sinus Catheters in Dogs for the Study of Myocardial Metabolism. *Anesthesiology*, 1959, **20**, 124.

Witts, L. J. and another. Excretion of Formi-minoglutamic Acid as an Index of Folic-Acid Deficiency. *Lancet*, 1959, ii, 702.

CHANGES OF ADDRESS

A. T. T. Forrester, M.B., B.S., 254, Cooden Drive, Bexhill, Sussex.

J. A. Loeb, F.R.C.S., 64, Mavety Street, Toronto, 9, Ontario, Canada.

R. J. S. Milton, M.R.C.S., L.R.C.P., 1137, Greenford Road, Greenford, Middlesex. (Tel. Byron 2900).

Ian Munro, M.B., B.S., Oakwood, Bayleys Hill, Sevenoaks, Kent. (Tel. Sev. 4993).

L. Sagorin, M.R.C.S., 389, Currie Road, Durban, South Africa.

M. C. Shannon, M.B., B.S., Paegas, Ramsholt, Woodbridge, Suffolk.

BIRTHS

CHALMERS.—On 21st October, 1959, in Cambridge, to Lorna, wife of Donald Chal-mers, M.B., B.S., a daughter (Julie Grant), a sister for Fiona.

LLOYD.—On 23rd October, 1959, to Anne (née McIntosh, M.C.S.P.), and Haydn (Dick) Lloyd, B.D.S., a daughter (Kim Annette).

SAGORIN.—To Pauline and Leonard Sagorin, M.R.C.P., on 19th October, 1959, twin sons (Richard Abraham and Michael Anthony), in Durban, South Africa.

YOUNG.—On 11th November, 1959, at Queen Mary's Home, Hampstead, to Patricia (née Gibbins, S.R.N.), wife of Michael Young, M.B., B.S., a son (Martin John).

MARRIAGES

SHANNON—GOLDSWORTHY.—On October 31st, 1959, at High Street Methodist Church, Bideford, Devon, Michael Colin Shannon, M.B., B.S., to Patricia Anne Goldsworthy, S.R.N.

STEVENS—HILBORNE.—On October, 17th, 1959, at Steyne Gardens Methodist Church, Worthing, Roderick D. G. Stevens, B.D.S., to Susan M. Hilborne, M.C.S.P.

DEATHS

GAVIN.—On 11th August, 1959, Thomas Alfred Gavin, M.B., B.S., of 104, Elers Road, Ealing, W.5.

PRICE-HARRIS.—On 16th October, 1959, Leslie (Jack) Price-Harris, M.C., M.R.C.S., L.R.C.P., L.D.S., of Old Orchard, Sidmouth.

EDS. { J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1862 *5th December* 1959 *One Shilling*

PASSIM

THIRTY million pounds from public funds are being spent in America this year on cancer research, and private sources there will add nearly £10 million more. In Britain this year, £580,000 has been allocated by the Government to cancer research, and private funds will probably match the £1 million subscribed last year. Without suggesting that competition as to the size of the funds allocated is needed, we must urge that a sense of shame should impel the Government to redistribute the massive funds annually poured into the Health Service. The National Health Service last year cost £626 million. If one were told, on arriving in a strange country, that, say, five per cent. of the Health budget was spent on research, one would hardly feel that this was excessive. But if the niggardly fraction of even five per cent. of the N.H.S. budget were spent on research, it would be *ten times* what the Government now allocates annually to the Medical Research Council. The present allocation can be quadrupled and still be equivalent to only two per cent. of the N.H.S. budget; it is high time that a first step upward be taken.

We are delighted to hear that Mr. S. H. Wass has been invited by the South African Students' Visiting Lecturers Committee to visit South Africa in February, 1960. He will be spending his time principally at the Universities of Cape Town and Witwatersrand, with visits to Stellenbosch, Pretoria, Durban and other surgical centres. He will return to Guy's in April, 1960.

We offer our congratulations to Dr. George E. Fulford, who has been awarded a prize of 100 guineas by the South West Metropolitan Regional Hospital Board for his paper on "Prevention of Tetanus".

The Quodlibet Society has asked Mr. A. T. Steward, Director of Information at South Africa House, to address its next meeting, on 10th December, on "The Case for Apartheid". This is a piquant and stimulating sequel to the recent news of Dr. Jan Steytler's endeavours in South Africa; we feel sure that his successors at Guy's will be as articulate as he, when discussing this doctrine.

We are extremely sorry that the misprinting of Dr. J. R. Audy's name, in the last issue of the *Gazette*, escaped correction, and we apologize for this lapse.

We publish in this issue Sister Tutor's report of the Nurses' Prize Giving. It was pleasant to find in both the *Nursing Times* and *Nursing Mirror* of the previous week, photographs of Miss Angela Falwasser (Sister *Job*) after her investiture with the M.B.E. at Buckingham Palace.

We congratulate Mr. T. H. Newman, chief technician in the Department of Haematology, upon his appointment as manager of the new Central Sterile Supply Department. We know that he will make a resounding success of this new, and very responsible, department.

The Students' Union Brains Trust, unique and intriguing, will take its collective seat in the Physiology Theatre at 7.30 p.m. on Thursday, 3rd December. Dr. E. J. Moynahan, Dr. C. Keith Simpson, Dr. D. Stafford Clark and Professor R. Warwick will do battle with all comers, though questions will, understandably enough, be "screened" beforehand.

We congratulate Mr. R. T. Lowein, a Guy's dental surgeon, upon his recent election, reported in the *Times* of 27th November, as Yachtsman of the Year. Mr. Lowein is commodore of the East Cowes Sailing Club, and will receive his trophy from Mr. Max Aitken during the National Boat Show. His remarkable record for 1959 included fifteen 1sts, two 2nds and four 3rds.

The underground passages have been painted and decorated in the past few weeks, and have a most cheerful and spacious air, which we hope will survive the monsoons and smogs which no doubt lie ahead of us.

We recommend to the attention of Guy's trained nurses, the announcement in the current issues of the *Nursing Times* and *Nursing Mirror*, of the forthcoming award of the Cosmo and Mabel Bonsor Scholarship for 1960. Matron is anxious that all Guy's trained nurses who are eligible for it should be aware of the Scholarship, and we hope therefore that the announcements will catch their eye.

We recommend all gifted persons to the correspondence columns of this issue. The Christmas Show hath need of you !

GUY'S DIARY

DECEMBER			Exhibition. *Peptic Ulceration.*
7th	M	1.00	Mr. Batchelor. Clinical Lecture. *Some Fractures and Orthopaedic Abnormalities with Neurological Complications.*
		5.15	Endocrine Demonstration. Physiology Theatre. *Hypothyroidism.*
9th	W	1.00	Mr. Layton. Darwinian Address : *The Origin of the "Origin".*
12th	S	10.00	Surgical Departmental Round conducted by Mr. J. Lees Ferguson (Middlesex Hospital).
14th	M	1.00	Professor Butterfield. Clinical Lecture. *Vascular Disease.*
15th	T	1.00	Mr. Atkins. Clinical Lecture. *Some Common Injuries.*
17th	Th	1.00	Dr. Hardwick. Clinical Lecture. *Bronchitis.*
18th	F	1.00	Dr. Mann. Clinical Lecture.
21st	M	1.00	Mr. Brain. Clinical Lecture. *Smoking and Chest Disease.*

OBITUARY

ARTHUR NORMAN LEEMING, M.B., B.S., J.P.

The death of A. N. Leeming on 11th November, marked the passing of one of the general practitioner surgeons of the old school.

He entered Guy's in the early 1900's and qualified in 1907.

After a distinguished student career he obtained the Treasurer's Gold Medal in Surgery and Honours in Medicine in the London M.B.

His appointment as House Surgeon to Sir W. Arbuthnot Lane was certainly the appointment of which he was most proud and his experience during that appointment undoubtedly coloured his whole life. This was succeeded by his appointment as Demonstrator of Anatomy and he acted for a time as Assistant Bacteriologist to the Hospital.

In 1909 he entered general practice in Colwyn Bay, when he perceived an opening for a man with surgical training.

It was typical of this training that early on he should seek an appointment as surgeon to a mountain town 30 miles from his home, as well as fulfilling his surgical obligations to his own home town, where in addition he carried on a busy general medical practice.

No less typical of his enthusiasm for his work were his periodic visits to Guy's to keep abreast of modern surgical work, and he loved to talk of his contemporaries, many of whom were on the Guy's staff.

His visit to the Mayo Foundation and other American clinics in the 1920's reflects a devotion to the surgical aspect of his work which was certainly most unusual in his time as a general practitioner surgeon.

He was proud of being a Magistrate in his home town and a year or two before his death he was made a Commissioner of Inland Revenue.

He was the second of his name to be trained at Guy's and all his life remained a staunch adherent to his Guy's upbringing.

In every way his whole life was conducted to the principle of the Hospital motto.

GUY'S CHRISTMAS CARDS

Guy's Christmas cards may still be obtained from the "Gazette" Office, 16, St. Thomas's Street, S.E.1. Prices 2/6, 5/-, 7/6 per dozen. Postage and packing 1/- extra.

GAZETTE SUBSCRIPTION 1959

Subscribers who have not already paid their subscription for 1959 (12/6 post free), are asked to forward the same before the end of November to the Manager, "Gazette" Office, Guy's Hospital, London, S.E.1.

THE STAPHYLOCOCCUS IN THE HOSPITAL AND THE HOME: SOME ATTEMPTS AT CONTROL

By KEVIN ANDERSON, M.D., M.C.P.A.

From a paper read at the 34th Congress of A.N.Z.A.A.S., Perth, August, 1959.

Staphylococcal infection has now become so widespread that it is scarcely an exaggeration to say that it constitutes a continual threat from the cradle to the grave. The newborn child, delivered in a maternity unit, is immediately exposed to infection. The surgical patient, if he is fortunate enough to escape wound infection, may carry home in his anterior nares a pathogenic staphylococcus which will cause an outbreak of family sepsis. Nurses, doctors and medical students now find that staphylococcal disease is an occupational hazard, whilst the surgeon and physician often discover in the autopsy room that infection with this organism is taking the place of syphilis as a diagnostic trap for the unwary. Investigations carried out over the last $2\frac{1}{2}$ years have led to attempts to control infection both in the hospital and the home. Many of these attempts have ended in failure, and too few have met with any measure of success. I would like to place certain impressions before you today so that in subsequent discussions, new and more efficient methods of approach may come to light.

Hospital Infection

Outbreaks of sepsis have been investigated in 15 hospitals, and in the course of these surveys it has become clear that no stereotyped approach to the problem is possible. A wealth of literature dealing with this aspect may lead one to believe that the control of nasal carriers or the disinfection of fomites may provide the answer, as each may undoubtedly do in the outbreaks described. However, it seems that each incident, even within the same hospital, requires individual assessment, with investigations beginning at the autoclaves, extending through the operating theatres and ending at the patients bedside. Much unnecessary work will be done, but nothing can be safely omitted. Quite apart from the many and varied mechanisms which operate in the spread of infection, it has been shown that there is a marked difference between private hospitals with single bedded units, and the large general hospital with public wards and tendency towards overcrowding. Common mechanisms of cross-infection assume differing degrees of importance in these two types of hospital. In a recent paper, it was demonstrated that the wearing of gowns and masks had little effect on the incidence of cross-infection in a maternity unit. This proves only one thing, namely, that the pathways of cross-infection in this unit did not involve the clothing or anterior nares of the staff. It certainly does not permit any generalizations to be made regarding the value of masks and gowns in the prevention of cross-infection. It further emphasizes the importance of assessing each outbreak individually, and the danger of allowing pre-conceived ideas to influence the subsequent management of any epidemic. I would like now to consider some of the factors

involved in hospital infection, and our impressions of their relative importance.

(*a*) **Overcrowding**

At some time in the history of bacteriology, a statement was made to the effect that, with proper aseptic precautions, it should be possible to deliver a woman safely on top of a dung-hill. In these days of staphylococcal infection, we might qualify this by adding : "Provided that there are not too many other people on top of the heap". The teachings of Charles Hill and Oliver Wendell Holmes are too readily discarded for the belief that modern techniques will permit the shameless overcrowding of hospital wards. This was brought home to me forcibly during the investigation of one surgical ward which has been the object of much experimental work over the last few months. When first examined, the incidence of wound sepsis was high, and air samples showed uncountable colonies per cubic foot. These samples contained between 28 and 32 colonies of a coagulase positive staphylococcus, phage type 47/54/75, which had been repeatedly isolated from infected wounds. Overcrowding was severe, and ventilation inadequate. Not surprisingly, the nasal carrier rate amongst the nursing staff was high. The ward was emptied, scrubbed from floor to ceiling with cetrimide and all bedding replaced. Mattresses were covered with plastic envelopes, boilable blankets introduced and the bed-state reduced to reasonable proportions. At the same time, nasal carriers were treated and additional ventilation arranged. The bacterial count in the air fell to below 20 per cubic foot and the ward was re-opened with confidence. Less than a year later, I was asked to investigate this ward again because sepsis had returned to its original level. All the precautions were still in operation with the exception that overcrowding had once again been permitted. The ward contained 25 beds in an area which should only have accommodated 19. Air samples again showed large numbers of organisms, including three different phage types of staphylococcus, one sensitive only to novobiocin. This experience emphasises that whatever other precautions we may take, they are only complementary to, and in no way a substitute for, the overiding necessity of avoiding overcrowding in surgical wards.

(*b*) **Nasal Carriers**

Interest in the nasal carrier has waxed and waned throughout the copious literature on staphylococcal sepsis. Many adopt the defeatist attitude that carriers do not matter or that nothing can be done about them, while others attribute great importance to the carriage rate in circumstances where it is clearly secondary to heavy air-borne contamination. In the case of the ward already described, it would have been quite wrong to seize upon the high carrier rate as the primary cause of the wound sepsis, when the slit-samples indicated that practically every wound exposed for a dressing would stand an excellent chance of being contaminated by an airborne pathogen.

We have tried to steer the middle course, and have found that in the private hospital, the nasal carrier is almost invariably responsible for outbreaks of wound infection. Such hospitals have no overcrowding problems and each patient tends to live in his own bacterial environ-

ment. Ventilation is usually adequate (often painfully so) and we have never been able to demonstrate significant contamination of the hospital environment. These hospitals receive their staff from larger general hospitals where the opportunities for colonization of the anterior nares are excellent. Consequently, carriage rate in excess of 60 per cent. are frequently demonstrated, and carrier to case transmission through faulty aseptic technique is not uncommon.

In general hospitals we have taken nasal swabs from all staff rostering to duty in theatres or ophthalmic wards. This seemed justifiable because of the relatively intimate contact between nurse and patient in these units and because of the serious consequences resulting from chance infection. Maternity hospitals, however, keep a permanent record of their nasal carriage rate, and the staff are swabbed at regular intervals. The results of the treatment of carriers is directly related to the enthusiasm with which it is prosecuted, and a medical superintendent who "does not believe in it" can most effectively prevent any reduction in the number of positive swabs by merely adopting an attitude which rapidly spreads amongst his staff. We give each carrier a printed sheet which contains not only instructions for treatment, but also an explanation of the carrier state. Whenever possible, all carriers are seen at least once by a medical officer, so that the importance of treatment can be emphasized and co-operation ensured.

In turning our attention so much upon the hospital environment, I wonder if we are forgetting the people who come into it? Dr. Coulter, who is at present engaged in an epidemiological survey at a maternity hospital, has shown that over 40 per cent. of mothers are nasal carriers on admission. Can we afford to ignore this source of infection and is there not a case for ante-natal swabbing? In surgical wards, should not a pre-operative nasal swab be as important as a pre-operative urine test? An American author has recently reported that the over-all surgical failure rate was 23.3 per cent. in those with positive nasal swabs and only 7.3 per cent. in those with negative cultures. Neither must we forget the hospital visitor. When she leans over the bed to kiss the patient, is she transmitting infection as well as affection? Perhaps she is leaving on the bedside locker another microscopic "bunch of grapes"; a sinister and unintentional parting gift.

(*c*) Infected Hospital Linen

The ability of a variety of hospital linen to transmit infection has been adequately shown. As Dr. Green has pointed out, it must now be our aim to give each patient a set of bacteria-free bed clothes on admission. The casual laundering of blankets to remove gross dirt must be replaced by regular treatment to free them of their bacterial content. Bed-hangings and screens cannot be ignored, and unless they are made of plastic material which can be wiped over with an antiseptic, they must be removed regularly and laundered as potentially infected articles.

We have found that the most valuable method of controlling dust from mattresses and pillows has been the use of plastic envelopes. Soft polythene can be obtained and mattresses sealed inside for remarkably little cost. Not only is dust controlled, but the life of the mattress is extended by protection from soiling. The plastic cover can be wiped

over with antiseptic solution whenever the mattress is turned. We have found that sterilization by autoclaving has proved too damaging and formalin vapour in its various forms has been too uncertain. The disposal of foul linen is now carried out at the bedside into lined hessian bags suspended from circular trolleys. The sealed bag can safely travel in a linen chute or on a trolley to the laundry without scattering infected dust. In the laundry, the bag and its contents are thrown into boiling water. Coloured bags allow identification of linen from different units. The soaking of infected linen in lysol has not been discontinued in favour of the more rapid and certain destruction of bacteria by boiling water.

These are some of the impressions that we have gained during a number of attempts to control outbreaks of hospital infection. In response to the pleadings of Dr. Annear to keep the summary of my paper brief, what appears in print seems very dogmatic. Nothing could be further from the truth, for there is no slick, "off-the-cuff" answer to hospital sepsis and I doubt if there ever will be.

Staphylococcal Sepsis in the Home

One of the most unfortunate results of staphylococcal cross-infection has been the spread of this organism to the family. Here it gives rise to recurrent skin sepsis, often lasting for a period of years, and causing much discomfort and misery amongst those affected. We have seen many such families referred to us by general practitioners and all give remarkably similar histories. Sepsis usually dates from the return home of one member of the family, either from hospital or from a maternity unit. The organism in nearly every case has been phage type 80/81. Many of the patients have had vaccines or toxoid without relief, and all have had a variety of antibiotics.

There has been a tendency to regard this type of infection as one arising from a defect in the immune response. Autogenous vaccines and toxoid are still administered with this in mind. However, I do not believe that there is any defect in the immunological mechanisms, and the case against such an explanation may be summarized as follows: Firstly, the lesions do not behave clinically in a manner which would suggest lack of host resistance. In the majority of cases, although they may be multiple, they are well localized, with a minimum of cellulitis. Lymphangitis and regional adenitis are scarcely ever seen and constitutional disturbance is even less frequent. Secondly, if you examine the serum anti-alpha toxin levels in these patients, you find that they have higher levels than normal individuals not suffering from recurrent sepsis. Even if you do not accept staphylococcal alpha toxin as being an important toxin in man, it is nonetheless some indication of the response of the reticulo-endothelial system to infection with this organism. Lastly, a coccus rubbed into the pilo-sebaceous follicle is unlikely to be influenced by serum antibodies during the early stages of its development, and some sort of lesion is almost inevitable. The final outcome of such an infection will, of course, be influenced by the patients immune response and by the virulence of the invading organism.

The literature records the experiments of Garré, who rubbed a culture of a staphylococcus into his arm and produced a crop of boils. One would scarcely interpret the results of this experiment solely in terms of low serum antibodies, but rather as a demonstration of the

pathogenicity of Staph. pyogenes in a normal individual. I therefore believe that recurrent sepsis in the family is due to repeated endogenous infection from contaminated fomites. We already have evidence that staphylococci can survive on clothing for periods in excess of two months. The domestic washing machine which does not boil not only fails to rid the garments of the organism, but effectively distributes it amongst the clothing of other members of the family.

With the co-operation of the patient's doctor, we have instituted certain treatment aimed at reducing contamination of the environment. Instruction is given regarding the disposal of soiled dressings from existing lesions, and chlorhexidine in spirit is used widely on the surrounding skin. Hexachlorophene emulsion is used all over the body surface during showering, mainly on account of its cummulative bactericidal properties. All clothing which is normally laundered is boiled where possible, but failing this, it can be soaked overnight in chlorhexidine solution and then laundered in the usual way. Where washing machines are in use, these are also treated with chlorhexidine. The 20 per cent. digluconate has greatly facilitated the preparation of these solutions for domestic use. Finally, nasal carriers are treated following swabbing of the whole family. Patients have co-operated remarkably well in carrying out this programme, which at first sight seems a trifle mundane after injections of vaccine or courses of expensive antibiotic. The results have been most encouraging, and treatment usually ceases when no further active sepsis is present in the family. Families with histories extending over many months have now been free for more than a year, and we feel justified in continuing to recommend this approach to the problem.

In conclusion, I would suggest that there is an urgent need to re-orientate our thinking with regard to staphylococcal sepsis. Out-dated nursing rituals result in certain infectious diseases being treated with bed-side isolation, while we continue to nurse staphylococcal sepsis in open wards with only token precautions. It is surely an infectious disease, which is considerably less amenable to treatment than typhoid fever or meningococcal meningitis, and probably more readily transmissable. Anyone who works in a general hospital will know that the era of laudable pus has returned, however much we may try to disguise the fact. This knowledge alone should stimulate us to institute radical measures in an effort to achieve some control.

NOTICE

GUY'S HOSPITAL MOTORING CLUB

CHRISTMAS RALLY

The next Rally will be held on Saturday, 12th December. It will start from Guy's Hospital Car Park between 5.15 p.m. and 6 p.m. The finish is at "The Black Swan", Cobham, Surrey. Ordnance Survey Map 170 (London, S.W.), Ruler, Protractor, Compasses, Pencils, will be required. If the state of the weather is questionable please phone EMB 2037 or EWEll 6767, after 3 p.m. on the day of the event.

Anybody owing allegiance to Guy's is cordially invited, especially Freshers and Novices.

ENTRIES to J. Neale, c/o Front Lodge or Conservation Room (Dental Dept.), or Mr. Whittington, Staff Dental Officer.

5/- per car before Friday, 11th December.

GUY'S HOSPITAL SCHOOL OF NURSING

PRESENTATION OF PRIZES

The annual Prize Giving ceremony took place on Wednesday, 4th November. The Physiology Theatre, kindly lent by Professor Spurrell, was filled with parents and friends. We were all very sorry that The Queen Mother was ill and naturally disappointed that she was, therefore, unable to be present. Most of us were unaware that Lord Nuffield, who was to have deputized for Her Majesty, was also indisposed. The day was saved by Lady Cunliffe who at very short notice graciously consented to present the prizes. The Gold Medallist, Miss C. Alford, presented a bouquet to Lady Cunliffe.

Lord Cunliffe, Chairman of the Board of Governors, presided and welcomed the visitors. In his address he brought us up to date with the progress of New Guy's House.

Matron, prior to her report, read a telegram of greetings and good wishes from Miss Brysson Whyte, Sister Tutor, who is spending a year in the United States of America studying nurse training. Matron then told us of the steady progress during the year—the opening of a recovery ward for the immediate post-operative care of the critically ill patients, the introduction of the 44-hour week, alterations in Hunt's House and the decoration of the Nurses' Homes. During the year many newly qualified nurses had left to work in other countries. With the needs of New Guy's House looming large Matron reminded those about to complete their training that "Charity begins at home" !

Sister Marion took us back to the traumatic beginning of the School of Nursing in 1879 when there had been such opposition between the Matron and Medical Staff. Over the years a detailed plan of training had been developed; the Block System had been introduced in 1946 and was still the method of choice. Sister Marion thanked the teaching staff of the Medical School and Hospital for their unfailing interest and co-operation.

Miss Falwasser, M.B.E., the Senior Ward Sister, spoke of the practical aspect of nurse training. She presented a most realistic picture of present day nursing, the changing pattern of treatment involving the use of so many drugs, the numerous investigations and complicated apparatus that was in common use. She reminded us that all the mechanism taxed the skill and ingenuity of the nurse in maintaining the general well being and comfort of the patient at such times. Only from close observation of patients in the wards could nurses learn to know their patients' needs and the skill to fulfil these needs was the result of teaching, supervision and practice.

In conclusion she said each and every day nurses had ample opportunity to give, and to give with grace far more than was ever asked of them.

The family figured largely in Miss Duncombe's report on the Evelina Children's Hospital. She stressed the importance of remembering the child as part of a family unit and also spoke of the part played in the making of a nurse, by her own family and the family within the hospital.

Prizes and medals were then presented by Lady Cunliffe :—

Pharmacology :

1st Prize	E. Hancox	*2nd Prize*	C. Wain
	Y. Sheather		D. Ball
	J. Crisp		J. Britland
	S. Cartwright }		J. Lynn
	E. Rees }		

Surgery and Surgical Nursing :

1st Prize	J. Everard	*2nd Prize*	C. Chesson
	S. Camp		J. Britland
	S. Carter }		J. Porter
	L. Smith }		

Medicine and Medical Nursing :

1st Prize	J. V. Ward	*2nd Prize*	C. Alford
	P. Parker		J. Marshall
	J. Everard		N. Douglas-Jones

Special Diseases :

1st Prize C. Alford, J. Reynolds, J. Stanley, J. Everard — *2nd Prize* P. Mount, E. Hancox

Guy's Final Examination :

1st Prize R. Pollard, V. Fuller, A. Grant, C. Alford — *2nd Prize* J. Harrison, S. Buckingham, T. Wilson

Evelina Children's Hospital of Guy's Hospital :

Surgery and Surgical Nursing :

1st Prize V. R. Eldridge

Medicine and Medical Nursing :

1st Prize D. M. Marsh — *2nd Prize* K. M. Jones

Special Diseases of Children :

1st Prize P. M. Baker, J. Hewitt-Smith

Hospital Final Examination :

1st Prize D. M. Reid, B. F. Weller

The Jean Morton Prize :

C. Alford

Cazenove Medals :

Gold Medal C. Alford
Silver Medal R. Pollard
Bronze Medal J. Hudson

Butterworth Medals :

Elsie L. Barton, Joan Brotten, Joan K. Bywater, Audrey E. Crump, Kathleen J. Davies, Margaret A. Duncombe, Olive A. Harland, Phyllis Jowett, Hilary D. Knight, Adorree G. Lunn, Thirza Swindells, Jeanetta R. Tanner

In his closing remarks Mr. Blaikley vied with Lord Cunliffe in giving us more vital statistics of New Guy's House and reminded the nurses of the importance of questioning in the process of learning.

A vote of thanks was proposed by Miss C. Alford and seconded by Miss R. Pollard.

Tea was then served in the Nurses' Home.

The Quodlibet Society

Thursday, 10th December

A. T. STEWARD

'The Case for Apartheid'

Students' Club. *At 8 p.m.*

Mr. Steward is Director of Information at South Africa House.

At last month's meeting, Mr. Anthony Hopkins was elected Secretary of the Society for the coming year, with Miss Mavis Bonnard as Assistant Secretary and Treasurer.

Occasional Addresses on Darwinism

The second in this series was delivered on Wednesday, 11th November, by Professor G. E. H. Foxon, who spoke on "Darwin's influence on the teaching of Biology with special reference to Guy's Hospital". This was a happy choice of subject for, apart from a general and parochial interest in the study of changes in fundamental teaching at Guy's, there is further interest in the role of a Guy's teacher, Thomas Bell, in the controversy which followed the Darwin-Wallace communication.

Prior to 1886 Botany and Comparative Anatomy were taught as separate subjects. The teachers of Botany, Sir James Edward Smith, Robert John Thornton, Charles Johnson, Paul H. Stokoe and G. T. Bettany were not on the Clinical staff. Comparative anatomy, however, was regarded as a subject which could be taught by interested clinicians and its teachers have names which are more familiar.

Thomas Bell heads the list in time and also in present importance for he was President of the Linnean Society from 1853 to 1861. Thus he presided over the meeting at which the Darwin-Wallace communication was read. The absence of any mention of Natural Selection in his subsequent annual reviews of advances in science is conspicuous. Professor Foxon pointed out two possibilities ; either Bell realized the logical implications and turned a blind eye because his religious susceptibilities were appalled, or he just lacked awareness.

Bell's successors as lecturer's in Comparative Anatomy at Guy's were Thomas Wilkinson King, William Gull, Frederick William Pavey, Walter Moxon, Philip Henry Pye-Smith, W. H. A. Jacobson and William Arthur Brailey.

In 1886 the Biology Department was founded and for the first time teaching was placed in the hands of a professional biologist, F. E. Beddard, who accepted whole-heartedly and based his teaching on evolution and Darwinism. Edward Alfred Minchin, Arthur Willey and Richard Assheton followed in rapid succession. All the preceding were part-time lecturers at Guy's, as was their successor, T. J. Evans, from 1914 to 1931, when the post became full-time.

Evans was lecturer in Biology until 1948. Professor Foxon gave thumbnail sketches of each of these men and concluded that the acceptance of the Evolutionary idea into the teaching of Biology was sudden and coincided with the introduction of a professional biologist as the teacher of the subject.

He then considered the present position of Evolutionary theory both in teaching and in everyday life. The three main bases of Darwinism, variation, selection and inheritance have been established beyond all reasonable doubt. In any population some individual organisms show variation from the norm of that population. If the variation is advantageous selection will occur and the descendants who inherit the variation will also be at an advantage. This applies to man as much as to any other organism. The conclusion that biologically all men are not equal is, nevertheless, by some regarded as "unfair" and politically unacceptable. To the biologist, however, inequality is the raw material of progress.

Mr. T. B. Layton thanked Professor Foxon and spoke of the enormous amount of historical research which had obviously gone into his paper. Mr. Layton, who is the sole surviving member of Arthur Willey's classes, remembered well the grounding in Darwinism and the evolutionary basis of the teaching in those days. He also had looked into the question of Bell's part in the drama and thought that he had the answer.

This will be discussed in the next address by Mr. Layton which will be on Wednesday, 9th December, at 1 p.m., in the Anatomy Theatre. It will be entitled "The Origin of The Origin". All interested are invited to attend.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Dental Ball

SIR,—I wish to complain most strongly of the ludicrously inadequate dance space at the recent Dental Society Ball. If the committee is worried about the increasing number of people attending the function this sort of organization will certainly solve the problem.

Yours etc.,

41, Kenwood Drive,
Beckenham, Kent.

ELIZABETH A. KING-TURNER.

The Christmas Show

SIR,—The Christmas show will take place as usual in the Out-Patients' Hall at 5 p.m., on Christmas Day and Boxing Day.

Many people have promised to help back stage, but there is still need for more performers, particularly experienced performers and girls. The programme has been arranged, and odd people are needed to fill odder parts. If anyone would like to have a go, would they please come to the upstairs music room of the Students' Club between 1-2 p.m. on Monday, 7th December, or Wednesday, 9th December, to see if there is a suitable part for them. Failing this, would they please contact me.

Yours etc

ROY MEADOW.

Guy's Hospital, S.E.1.

Christmas Music

SIR,—Once again Guy's Music Club is performing a concert of Christmas Music in the Chapel; may I appeal to your readers to come and share with the patients (to whom the concert will be broadcast) in an event which has for years been a major contribution to Christmas at Guy's.

Works by Britten and Vaughan Williams will be performed by a choir unrivalled in the recent history of the Club.

The concert will be at 7.30 p.m. on Tuesday, 8th December.

Yours etc.,

ROBERT SELLS,
Hon. Secretary, Music Club.

Guy's Hospital, S.E.1.

MEDICOS LOOK AT . . . .

In spite of the *avant-garde* theatre, most people, when they go to see a 'straight' play, expect to sit and watch a series of events taking place as if they were not present. Furthermore it is usually assumed that all the events shown are possible and that everything will happen either on or off stage in front of those watching the play. The typical West-end drawing-room comedy illustrates this perfectly. It it as if one of the walls of the room or the house were removed and the audience looking in, almost eavesdropping. What goes on on the stage usually follows an expected sequence in time and supernatural events do not occur. In spite of many attempts to deviate from this pattern (Pirandello, Priestley) it is still true to say that upsets of time sequence, actors addressing the audience, actors appearing in the audience and superhuman events create a feeling of disquiet or even resentment in a modern audience. One may add that ghosts, witches, fairies, magicians and other unearthly beings are extensively used by Shakespeare but one accepts this partly because it is Shakespeare and partly because when he wrote his plays such characters were acceptable to his audience.

These remarks are prompted by two plays lately seen in London. Sean O'Casey in his *Cock-a-Doodle-Dandy* introduced the miraculous into his play and also mixed several of the arts (music, dancing, poetry) in his presentation of the battle between the old who are superstitious, hypocritical, respectable and churchly and the young who want to change and improve the world. It is not intended to discuss the play in detail but rather to emphasize how O'Casey presented this Irish conflict by unusual stage techniques. One is not so sure that it was successful. Supernatural storms, tables moving of their own accord, sudden paralysis of the actors, a bottle of whisky that will not pour, perhaps these miracles by the young or their representative were intended to be contrasted with the failure of the old Church to achieve its miracle at Lourdes but there was something naive and even superficial about O'Casey's blacks and whites.

Another recent play *The Marriage of Mr. Mississippi* by Friedrich Dürrenmatt (Swiss) also contained unusual methods of presenting the author's ideas about politicians, religion, sex, women. He used everything—actors addressing the audience about themselves and what is happening in the play, scenery moving and being replaced during the action of the play, the opening of the play really being

the end, etc. In an interview on television, Peter Brook was almost ecstatic about this play because of the opportunities it gave the producer of doing things on the stage. He wanted more of its type. What is a little worrying is that some producers, in their anxiety to have something like *The Marriage of Mr. Mississippi*, distort and twist plays which were never intended to be produced in anything other than a straight realist manner. Regarding Dürrenmatt's play it may be said that one came away with a feeling of having had a surfeit of techniques and ideas. Fewer odd happenings on the stage and theoretical concepts might have left the audience less bemused and bewildered.

SPORT

RUGBY

Guy's Hospital v. Rosslyn Park

At H.O.P. 21st November, 1959
Result—Lost 0-6

Rosslyn Park were hard pressed to overcome a very spirited Hospital side. Indeed for all round tenacity Guy's were superior, but they lacked that extra experience which tells in a close struggle such as this.

The initial ten minutes of fluctuating fortune gave an indication of the fierce excitement to come. The first of several harsh decisions for offside against Guy's enabled the visitors to kick an easy penalty from in front of the posts. The tight scrums at this stage were ragged, the number of clean heels being ridiculously small.

Throughout the match both scrum halves were harassed unmercifully, although C. A. Morris made several good breaks from the line-out. Murray and Hollingsworth didn't settle down before half-time, and even then weren't showing their usual rhythm. Pagliero had a good game at full back kicking long touches with both feet; he was helped by very good covering from the back row and the wings. Biggs saved a certain try after twenty minutes by dropping back nearly to his own line, nonchalantly gathering an awkwardly bouncing ball, and with an elusive run and kick ahead gaining sixty yards.

Guy's were unlucky not to score just before half-time, again from good work by Biggs who made ground down the wing and then cross kicked right to his forwards. The referee to everyone's amazement adjudged them offside and the Park were able to clear.

Soon after the start of the second half Guy's healed the ball on the halfway line and wheeled, Morris, however, gathered it and initiated a movement on the blind side, which resulted in Rosslyn's left wing scoring in the corner. Guy's fell away for a short period after this, seemingly undecided how best to overcome their opponents' exceedingly tight defence. When the ball was passed out there was a marked tendency for the centres to use the short kick ahead which Ainscough had no difficulty in clearing.

The last fifteen minutes was a tremendous climax to the game. Guy's mounted attack after attack and came near to scoring on several occasions. Leyshon penetrated deep into the Park's half on two occasions beating his man easily, only to be foiled by the opponents' energetic back row. Pagliero missed a penalty in the fading minutes of the game, but this would have been small reward for such a whole-hearted performance by Guy's.

Team : Pagliero; Leyshon, Bryant, Thomas, Biggs; Hollingsworth, Murray; Buirski, Treadwell, Knight, Harris, Blackwell, Baker, Child, English.

Guy's v. London University

At Motspur Park 25th November, 1959
Result—Won 8-0

This was a game which never rose above mediocrity. The first half was very scrappy with the University dominating the line outs (the Hospital won only five in the whole game) and having more determination than Guy's in the loose Hollingsworth was worried into making mistakes by a lively pair of wing forwards, and consequently his three-quarters saw little of the ball. One of the few pieces of good football came in the twenty-fifth minute when Hollingsworth made a good break outside the opponents' twenty-five, Bryant then taking the pass on the burst and scoring to the left of the posts, Treadwell failed to convert.

The second-half started no better, Guy's still pursuing defensive tactics and gaining touch whenever possible. London University pressed hard leaving their opponents' half only twice during the space of 15 minutes. Then with two-thirds of the game passed the Hospital threw their unwarranted caution to the winds and mounted several attacks; cleverly using the change of direction and the high cross kick. Bryant made some good inside breaks and was well supported by Leyshon on the left wing. Five minutes from time Thomas received the ball just inside the University twenty-five and with a fine burst of speed touched down by the posts Buirski converted. The game ended with Thomas again crossing London's try line but being unable to ground the ball.

In the scrum only Treadwell caught the eye, although Hopkins, playing his first game for the first fifteen, jumped well in the line-out and covered intelligently. Penhall, another newcomer, showed himself a safe and calm full-back.

Team : Penhall; Leyshon, Bryant, Thomas, Biggs; Hollingsworth, Nicholas; Buirski, Treadwell, Knight, Harris, Williams, Childs, Hopkins, Baker.

GOLF

HOSPITALS' CUP FINAL

Played on Thursday, 26th November, at Dulwich and Sydenham Hill Golf Club

Guy's v. King's College Hospital
Result—Won 5-0

The match was postponed from a foggy day two weeks previously and having lost the toss for choice of course the Guy's team left for Dulwich.

R. H. Mummery had considerable difficulty in finding it and so without one of the strongest players tension mounted at the Clubhouse. Fortunately C. R. Quick, the reserve, was there, and he filled the gap admirably—winning convincingly by 5 and 4, despite the untimely arrival of Mummery just after he had started.

D. M. Holmes, the pillar of many Guy's teams, was playing for the last time before relinquishing his student status, and won a close game 3 and 1.

The fact that his opponent needed only 3 putts to complete the first four holes left R. J. Cockerill at considerable disadvantage, and he was perhaps fortunate to win against a score of 73.

T. G. Tetlow, swinging immaculately, won by 4 and 3 despite occasional putting lapses.

The bottom match was won handsomely by P. Sievers, who was hitting the ball huge distances from the tee.

HOSPITAL INFORMATION

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the post of **Registrar** (Middle Grade) for one year and also for a **Senior House Officer** for six months, both appointments commencing on 1st January, 1960. The unit, which is housed in the Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by **12th December, 1959,** to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

GUY'S HOSPITAL HOUSE APPOINTMENTS

1ST DECEMBER, 1959

Assistant House Surgeons

To :

Mr. Blackburn — Mr. J. C. Oakley
3 *months*

Mr. Lawrie — Mr. E. K. M. Smith
Mr. Glover — Mr. G. M. Preston
Mr. Brain — Mr. C. J. Rowland

Appointed for 6 *months, the first* 3 *as A.H.S.*

Assistant House Physicians

To :

Dr. Douthwaite, Dr. Baker and, Dr. Joiner } Mr. A. H. Abrahams

Appointed for 6 *months, the first* 3 *as A.H.P.*

Dr. Boland, Dr. Houston and, Professor Butterfield (Male Patients) } Mr. J. A. Dyde

Appointed for 6 *months, the first* 3 *as A.H.P.*

Dr. Mann, Dr. Kauntze and, Professor Butterfield (Female Patients) } Mr. D. N. Landon

Appointed for 6 *months, the first* 3 *as A.H.P.*

Dr. Hardwick, Dr. MacLean, Dr. Bishop, Dr. Deuchar and, D.X.T. } Mr. C. J. Hunter-Craig
3 *months.*

Casualty Officers

Mr. J. M. Dawson, Mr. D. Denis-Smith, Mr. J. J. Maher, Mr. B. S. Meldrum, Miss M. R. H. Webb } 3 *months*

House Surgeons

To :

Mr. Massie — Mr. J. C. Bull
3 *months*

Mr. Eckhoff — Mr. M. D. Sanders
6 *months*

Mr. Atkins — Mr. K. I. Mackenzie
3 *months*

Mr. Wass — Mr. B. W. Jones
6 *months*

House Physicians

To :

Dr. Douthwaite, Dr. Baker and, Dr. Joiner } Mr. J. S. Cameron
3 *months*

Dr. Boland, Dr. Houston and, Professor Butterfield (Male Patients) } Miss J. M. Kubale
3 *months*

Dr. Mann, Dr. Kauntze and, Professor Butterfield (Female Patients) } Mr. J. A. Wall
6 *months*

Dr. Hardwick, Dr. MacLean, Dr. Bishop, Dr. Deuchar and, D.X.T. } Mr. P. T. Whitehead
6 *months*

Resident Obstetricians

1. 7.59—31.12.59 — Mr. J. C. Wright
1. 9.59—29. 2.60 — Mr. J. G. Holmes-Smith
1.11.59—30. 4.60 — Mr. D. J. Smith
1. 1.60—30. 6.60 — Mr. R. G. Hornung

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital

Mr. R. Cook — 6 *months*
Mr. I. W. Jones — 6 *months*

Throat and Ear and Ophthalmic House Surgeons

Mr. J. Wolfle
3 *months at Guy's followed by* 3 *months at New Cross*

Mr. D. A. Wright
3 *months at New Cross*

Dermatological House Physician

1.11.59—30.4.60 — Mr. A. Groll

Genito-Urinary House Surgeon

Mr. R. G. Notley — 6 *months*

Neurological House Physician

Mr. G. M. Davies — 3 *months*

House Surgeon to the Thoracic Unit

Mr. B. A. Ross — 6 *months*

Children's House Physicians

Mr. S. Nurick — 3 *months*
Miss A. P. John — 6 *months*

Children's House Surgeon at the Evelina Hospital

Mr. R. H. S. Mindham — 6 *months*

House Physicians in the Department of Experimental Medicine and Resident Junior Clinical Pathologists

Mr. I. G. Chisholm — 3 *months*
Mr. D. M. E. Myers — 6 *months*

R.M.Os. in Nuffield House

1. 7.59—31.12.59 — Mr. J. R. Allan
1.12.59—31. 5.60 — Mr. G. B. Clinton-Jones
1. 1.60—30. 6.60 — Miss A. T. Piesowicz

House Physicians in the York Clinic

1.10.59—31.3.60 — Mr. I. G. Christie
1.10.59—31.3.60 — Mr. S. Gold

Resident Anaesthetists

1. 9.59—29.2.60 — Mr. S. R. Williams (S.H.O.)
1. 9.59—29.2.60 — Mr. J. Hellewell
1.12.59—31.5.60 — Mr. H. C. Evans
1.12.59—31.5.60 — Mr. J. A. Clement (S.H.O. New Cross)

LEWISHAM HOSPITAL

House Physician

Mr. D. M. Holmes

NEW CROSS HOSPITAL

House Physician

Mr. G. H. E. Woodbine

House Surgeon for General Duties

Mr. R. M. J. Andrews

ORPINGTON HOSPITAL

House Surgeon—General Duties with Physical Medicine

Miss J. A. Whitlock

House Surgeon—General Duties with E.N.T.

Mr. M. R. Boundy

PEMBURY HOSPITAL

House Surgeon

Mr. P. R. Grob

ST. OLAVE'S HOSPITAL

House Surgeons

Mr. T. I. Francis
Mr. F. H. A. Jago 1 vacancy readvertised

PASS LIST

UNIVERSITY OF LONDON

M.S.

D. J. Tibbs

M.D.S.

B. E. D. Cooke

B.Sc. (Special) in Anatomy

First Class Honours

D. J. P. Barker

UNIVERSITY OF LONDON

Third (M.B., B.S.) Examination for Medical Degrees

October, 1959

Pass

J. G. Allardice
M. R. Boundy
D. Davies
T. I. Francis
F. H. A. Jago
I. W. Jones
B. N. C. Kempton
J. H. Kendall
B. W. Maitland
R. H. S. Mindham
J. C. Oakley
J. W. Rollins
C. J. Rowland
Jean M. M. Steadman
M. B. Wilson

Part I

B. Batten
J. S. Brewer
J. P. B. Budgen
G. P. Coleman
A. S. Cooper
C. S. D. Crane
H. R. Davies
M. D. Farrar
I. T. Field
D. J. Fishlock
Susan R. Greenwood
J. B. Gritton
D. R. Harvey
R. D. Hill
K. E. F. Hobbs
A. S. Horner
K. E. E. Hubble
R-K. R. Innes
C. W. Jamieson
C. C. Korvin
D. N. Landon
D. A. H. Langman
J. D. Lloyd Still
S. McHardy-Young
I. F. Macrae
J. F. Murray
J. R. Norman
S. M. Patient
D. Pickering
G. M. Preston
L. M. Razavi
D. A. Reynolds
E. K. M. Smith
M. A. B. Sneary
R. S. Terry
P. M. J. Tombleson
P. L. H. Vernon
M. S. Wirk
J. D. Wonham

Part II

M. J. S. Coe
P. J. A. V. Willems
D. E. Williams

Part III

M. J. S. Coe
T. G. Nash
V. Promtatvethi
I. C. Roddick

Part IV

A. S. Horniblow
V. Promtatvethi
I. C. Roddick
D. E. Williams

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

Primary Examination

November, 1959

I. McColl
P. C. C. Pitt

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

November, 1959

Surgery

M. I. S. Keir
Than Tut

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Final Examination

October, 1959

Part I—Surgery

Frances E. A. Adams
J. P. Balfe
A. H. Banks
S. N. Bussell
S. C. Crocker
T. W. Cutress
Ellen Dybing
R. F. Eade
I. T. Francsics
Mary P. Gamble
M. B. Gardener
J. A. Golder
J. M. Hackman
T. M. A. Heesom
J. A. Howard
C. E. M. Lamb
W. T. Lamb
R. E. Lane
M. J. Lewis
R. Loveday
G. O. Lyckander
B. Matthews
J. B. Mayhew
L. G. Phelps
A. C. Prichard
J. D. Pullan
K. A. Robertson
R. J. Rose
J. R. Salter
G. W. Selwood
Pauline E. Shaw
Christine S. Shepherd
J. R. Skippen
D. G. Stone
R. Tomalin
G. E. Warr
B. J. West
W. L. Wiseman

Part II—Dental Surgery

Roslyn M. Bain
J. H. Bason
R. J. Beardon
D. Bevan-Thomas
C. W. V. Bullock
Daphne R. Butwick
D. G. Carr
Lina R. Clapham
R. J. Cutler
G. M. Edwards
I. O. Evans
J. M. Evans
B. A. Foster
M. T. Gain
D. H. Gibb
C. G. Gordon
Jill Hampton
T. J. C. Hall
W. D. Hargraves
Annette Hasquencourt
A. B. Hewitt
K. G. Isaacson
Josephine H. Jackson
G. B. Keeble
J. A. Kelvin-Davies
M. J. Lightfoot
D. G. Lloyd
A. R. Lynch
J. D. Mackinder
J. M. Murray
D. J. O'Grady
M. W. J. Older
Edna M. Parkman
W. F. Pick
B. D. Pierce
T. B. Powell
K. G. Richards
S. P. Robertson
D. B. Rosser
M. Rudge
D. J. Simmons
T. G. Tetlow
Rosalind U. Ward
B. B. Warren
R. M. Watson
M. B. Webb
D. L. Wedgwood
Sheila J. White

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 4s. 3 lines 10s. 6d. Box Numbers 9d. extra.

Ordinary rates 10s. 6d. per line. Box Numbers 1s. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

SK-ING—SESTRIERE, ITALY, 20th February/6th March, A few vacancies. 53 guineas all in cost. Details, B. A. Foster, L.D.S., Halls Cottage, Bowlhead Green, Nr. Godalming Surrey.

BED-SITTING ROOM to let. Wimbledon Hill, 8 minutes to station. Large, Sunny, gas-fire, electric ring, no meters. 3 guineas per week. Box No. 203.

Required

TEMPORARY CLERK for addressing work. Write Box 220.

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CHRISTMAS CARDS (Guy's) are still available in the *Gazette* Office 16 St. Thomas's Street prices 2/6 to 7/6 per dozen. Postage and packing 1/3 extra.

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Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Batchelor, J. S. Congenital Dislocation of the Hip. *Proc. R. Soc. Med.*, 1959, 52, 910.

Besterman, E. M. M. and others. Paradoxical Results of Infundibular Resection in Tetralogy of Fallot. *Circulation*, 1959, 20, 823.

Blake, G. C. and another. Acute Streptococcal Gingivitis. *Dent. Practit.*, 1959, 10, 43.

Clarkson, P. Mammaplasty. Chapter in Surgical Aspects of Medicine, edited by H. B. Johnson. Butterworth, London, 1959.

Fourman, P. Potassium Deficiency. Lectures on the Scientific Basis of Medicine, Volume 7, 1957-58, p. 451.

Hallpike, C. S. Some Remarks upon the Scientific Basis of Otological Practice. Lectures on the Scientific Basis of Medicine, Volume 7, 1957-58, p. 1.

Harvey, Philip. The Lungs in Winter. *Med. Pr.*, 1959, 242, 425.

Jackson, R. C. and another. Artificial Respiration and Artificial Kidney for Severe Barbiturate Poisoning. *Brit. med. J.*, 1959, ii, 1134.

Rees, R. J. W. Experimental Approach to the Problems of Resistance to Tuberculosis. Lectures on the Scientific Basis of Medicine, Volume 7, 1957-58, p. 203.

CHANGES OF ADDRESS

Peter D. Bryant, M.D., M.R.C.P., Argent House, Argent Street, P.O. Box 348, Broken Hill, N.S.W., Australia.

M. J. Dredge, L.D.S., 64, Kingston Crescent, Portsmouth, Hants.

R. W. Edmonds, M.B., R.C.O.G., Raymeade, 3, Junction Road, Andover, Hants.

S. S. Grove, F.R.C.S., Dept. of Pathology, Medical School, University of Stellenbosch, Karl Bremer Hospital, Belville, Cape.

K. G. B. Pritchard, L.D.S.R.C.S., 84, Robin Hood Lane, Kingston Vale, London, S.W.15.

A. David Tuddenham, M.R.C.S., 174, Chase Side, Southgate, London, N.14. (Palmers Green 8946).

BIRTHS

BAILEY.—On 26th November, 1959, at Lee, to Marguerite Doris (née Josephs), wife of John Bailey, B.D.S., a daughter (Rhoda Diana), a sister for Nigel, Isobel and Zoe.

BRYANT.—On 28th December, 1958, at Broken Hill, Australia, to Beveice and Peter, a son (Bevis William), brother to Paul.

GIBSON.—To Pat Gibson, M.B., B.S. (née Hughes), and Alfred Gibson, B.D.S., by adoption, a daughter (Deborah Sian), born 5th January, 1959, a sister for Richard.

IRLAM.—On 12th November, 1959, at Freedon Field Hospital, Plymouth, to Alison (née Williman, S.R.N.), and Gerald Irlam, a daughter (Amanda Jane).

PLATT.—On 26th October, 1959, in Newcastle-under-Lyne, to Barbara (née Whitmore), S.R.N., wife of Michael Platt, a daughter (Sally Anne Christine).

WALTON.—On 25th August, 1959, at Memorial Hospital, Modesto, California, to Mary Lee, wife of Robert G. Walton, M.B., B.S., a son (Frederick Douglas), a brother for Elizabeth, Robert, William and Susan.

MARRIAGES

DREDGE—McNAIR.—On 7th November, 1959, at St. Peter's Church, Vere Street, London, Michael Dredge, L.D.S., to Alison McNair, S.R.N.

GRIFFITHS—WORLLEDGE.—On 28th September, 1959, Lindsay Rhys Griffiths, M.A., to Annabel Worlledge, S.R.N., in Hamilton, Ontario, Canada.

HOPE—BOOTH.—On 18th July, 1959, at St. James Church, Flin Flon, Manitoba, James Hope, B.Sc., to Jean Booth, S.R.N.

DEATHS

JENKINS.—On 26th November, 1959, Henry Hollis Jenkins, M.R.C.S., of 89, Yester Road, Chislehurst, Kent.

LEEMING.—On 11th September, 1959, Arthur Norman Leeming, J.P., M.B., B.S., of Old Colwyn, Denbighshire.

LESLIE.—On 4th November, 1959, Mrs. Claire Leslie (née Hinds), a Sister at Guy's 1921, Mayfield, Surrey.

PRICE-HARRIS.—On 16th October, 1959, Leslie Price-Harris, M.C., M.R.C.S., L.D.S., of Sidmouth, South Devon.

WILLIAMS.—On 12th November, 1959, Kay Cecil Williams, C.S.M.M.G., M.S.R., Guy's, of Russell House, Church Road, Ilfracombe, N. Devon, aged 55.

EDS. { J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIII. No. 1863 19*th December* 1959 *One Shilling*

PASSIM

MAGICALLY, men at Christmas divest themselves of pettiness, aloofness and other unsociable habits, and for an all too brief day or two of festivities, there is in almost any gathering of men an air of genuine goodwill and good cheer. In hospitals, during the year, the nurses and staffs have only one complaint, that kindly and personal care of patients has too often to be subordinated to a time-table for the sake of efficient organization, and that the large numbers make it difficult to give to each patient the time which instinctively they would like to devote to a friend in distress, as each patient quickly comes to be. At Christmas, when some beds are not occupied, and discipline can relax a little, we can show the patients just what care and attention we would like to give them, if time allowed, all the year round. This is why the efforts of sisters and nursing staff, the catering staff, the students with decorations, and the Guild of Ex-patients and other generous people, are so heart-warming. The Christmas festivities at Guy's are no charade, put on for fun. They involve hard work for all, cheerfully and magnificently carried out, in order to give to the patients of Guy's the reception which one gives to honoured guests. To honour the Nativity of Our Lord, we abandon time-tables and economies, and wish our patients a very Happy Christmas.

We offer our warmest congratulations to Sister J. R. Tanner, First Assistant Matron, upon the splendid news of her appointment as Matron of King's College Hospital, to succeed Miss Opie, another notable Guy's nurse. The School of Nursing at Guy's is evidently fruitful ground for the future senior members of the profession ; with Miss Marriott at the Middlesex, Miss O'Toole at the Royal Masonic and Miss Opie handing over to Miss Tanner at King's, " Matrons of Guy's " takes on an agreeable second sense. It is sad to hear that Sister Tanner is to leave us, however, and her dignified but always friendly and approachable personality in the Matron's office will be greatly missed.

The Superintendent and Mrs. Blaikley invited the staffs of the Hospital to meet last week, to bid farewell to the Revd. Kenneth and Mrs. Child, upon his appointment to be Rector of Newmarket. They will be missed by all who knew them and, like Mr. Blaikley, we wish

them luck at Newmarket, and not only upon the Heath ! It is pleasant to be able to publish Dr. Leigh Parry's Christmas card design, portraying the Guy's Chapel, with the Revd. Sidney Franklin's short appreciation of Mr. Child.

We congratulate Dr. David Stafford Clark upon the award of the Silver Medal of the Royal Society of Arts, for his recent lecture on " The Contribution of Psychiatry to Medicine."

Mr. Lees Read, the Clerk to the Governors, has written a further instalment of his chronicle of the rebuilding of Guy's. We can have only an inkling of the complexity of the task, and it is fascinating to read of some of the problems which have brought triumph, exasperation, and rueful smiles, successively, to the faces of the Building Committee.

The Government has exempted from National Service " university graduates to whom deferment has been granted to complete post-graduate courses of practical training". There is a note that the " special arrangements for doctors and dentists will continue as before ". This appears to mean that officers for the army are to be found in future entirely from volunteers, by offering an attractive and reasonably remunerative career, *except* that doctors and dentists, selectively and alone of their contemporaries, will continue to be conscripted.

We hope that we have misunderstood the intentions of Her Majesty's Minister, Mr. Heath, for medical and dental men are restive at the notion that graduates, apprentices, chartered accountants, and others of similar length of deferment, are to be exempted, while the medical officers for the forces are to be found by what has become an arbitrary selection process, equally fit men being accepted or rejected supposedly on health grounds, but in reality on a basis of numbers required.

Matron has asked us to let it be known that the rapid expansion of Theatres in the coming year has led to a need for Guy's trained nurses, particularly with theatre experience, to take up posts as Staff Nurses. A busy but exciting prospect faces this department as the date of the opening of New Guy's House approaches, and we are glad to pass on Matron's message.

Eighty-six Years Ago

From Guy's Hospital Gazette, 20th December, 1873.

(*An Advertisement*)

Volume I of *Guy's Hospital Gazette*, from 1st October, 1872 to 26th April, 1873 ; all the numbers are very clean ; price 10s. Address at the Publisher's, 104, Borough High Street.

GUY'S DIARY

DECEMBER			Exhibition. *Peptic Ulceration.*
21st	M	1.00	Mr. Brain. Clinical Lecture. *Smoking and Chest Disease.*
22nd	T	8.45 p.m.	Service of Carols and Nine Lessons in the Hospital Chapel.
23rd	W	3.00	Landon Fund Tea Party, Out-Patient Department.
		6.30 p.m.	Southwark Cathedral Choir Carols. Medical and Surgical Block, Nuffield House.
		8.45 p.m.	Holy Communion Service for Free Church Members in the Hospital Chapel.
24th	Th	9.00 p.m.	Evensong and Blessing of the Crib in Chapel.
		11.30 p.m.	Midnight Service with Carols in the Hospital Chapel.
25th	CHRISTMAS DAY.		7 a.m. Holy Communion. 8.20 a.m. Holy Communion. 10.30 a.m. Morning Service.
JANUARY			Exhibition. *Famous Names in Surgery.*
1st	F	1.00	Dr. Joiner. Clinical Lecture. *Diseases of the Arteries.*
4th	M	1.00	Dr. Baker. Clinical Lecture.
5th	T	1.00	Mr. Eckhoff. Clinical Lecture.

The Quodlibet Society

The Director of Information at South Africa House, whom The Quodlibet Society had invited to speak on "The Case for Apartheid" was unable to come on Thursday, 10th December, owing to the untimely arrival of the new Governor-General in London on that day. Mr. Vaughan Dewing, an independent South African journalist, courageously undertook to fill this first breach in the Society's programme. His talk was directed mainly in an attempt to wrest some sympathy from us for the South Africans confronted with a problem which they have, perhaps, themselves created, but his blind acceptance of the doctrine that a multi-racial society cannot exist in South Africa is, as several speakers in the discussion pointed out, contrary to the experience of most other ethnic migrations in history. Mr. Dewing's insistence that South Africa was a special problem failed to convince the meeting, although a certain sympathy was felt for a society attempting to preserve its hard-won culture.

Mr. Dewing attempted to support the policy of Apartheid, but was prepared to condemn with the meeting some of the intolerable situations which this produced. In this unreal situation, in which the cause was supported, but the effects denounced, Mr. Dewing proved a difficult and elusive speaker for the "vociferous meeting to attack."

NOTICE

LADIES' ASSOCIATION—JUMBLE SALE

We are holding a Jumble Sale early in February to enable us to provide extra comforts for the new Hospital Block, and would be most grateful to receive old clothes, etc., etc., for this purpose.

We should be pleased to receive goods at 24, St. Thomas's Street, on any Tuesday or Thursday between 10 o'clock and 12 noon after Christmas.

Large Vases or old-fashioned tureens are needed for flower arrangements and would be especially welcome.

OBITUARY

CLAIRE LESLIE

In the death of Mrs. Leslie, known to generations of Guy's men and nurses as ' Sister Hinds ', there has passed from the Roll of Guy's Nurses one of its most outstanding Sisters of the old school.

Claire Hinds entered the Preliminary Training School in May, 1908. She completed the 3 years' training of that period which, in her case, included a short course in massage. Any senior nurse who had taken this additional course, was allotted a 'case', and in her spare time, had to treat her patient with whatever type of massage and exercises had been ordered.

In those days, off duty time for nurses-in-training consisted of 3½ hours one day and 1 hour the next ; 1 whole day a month ; 2 half-days, and 1 blank week. The span of duty stretched from 8 a.m. to 8 p.m. or 9 p.m. The Sisters had alternate week ends, and 1 half-day a week, if possible.

Miss Hinds often headed the pass list in her examinations. After general training she took a 3 months strenuous midwifery course—working on the Guy's Hospital District and became a certified midwife. She loved the people of the Boro' !

In 1911 she was appointed Sister of the Light Department where a few types of electrical and radiant heat treatment were given. In 1914 she became Sister *Queen*. *Queen*, 16 beds and *Victoria* 8 beds, occupied the 3rd floor of the north wing of the medical block—now in use as *Miriam* ward. It was a gynæcological and obstetric unit with an operating theatre attached to *Queen*, and a labour ward attached to the partitioned end of the ward—*Victoria*. In that end Sister also had her bedroom. In the early days, Sister *Queen* ran the joint ward with a nursing staff of 1 staff midwife, 2 pupil midwives and 1 Day Head Nurse, and probationers, 1 night head nurse, 1 pupil midwife and probationers. There was no trained staff nurse. It is safe to say that the Sister-in-Charge of the ward was rarely off duty for any length of time.

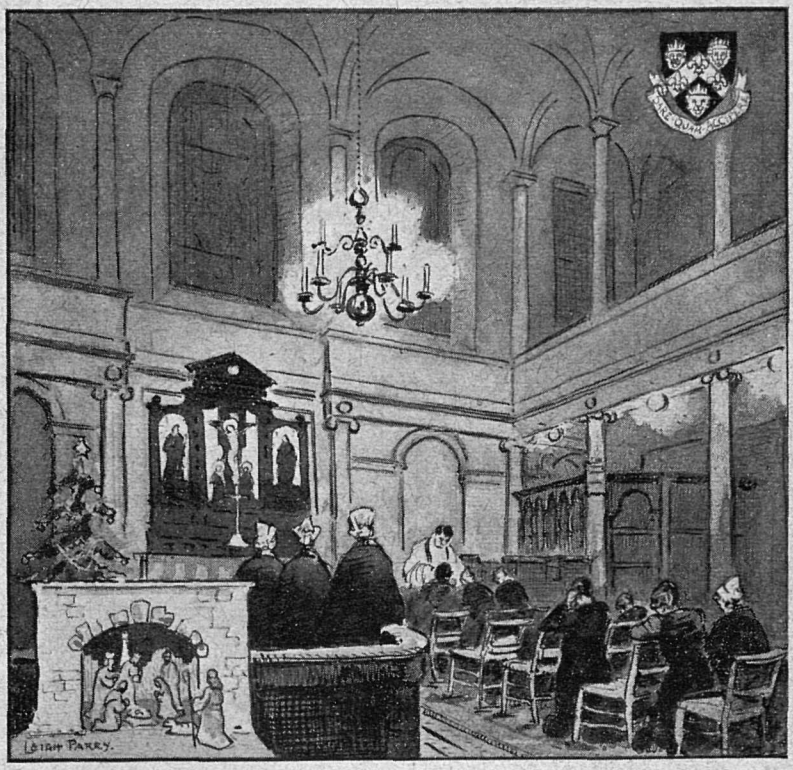
In 1919, Miss Hinds was transferred as Sister to the cubicled paying ward—*Bright*, 50 cubicles, one private room, an operating theatre and Sister's bedroom. (The space is now occupied by *Caleb and Diplock* wards.) Here, perhaps, she did her greatest work; teaching young probationers the clinical aspect of the variety of cases that were admitted, and also, how to handle private patients quietly and wisely without gossip, without fuss—but with a sympathetic attention to their individual needs and temperaments. Tall, gentle faced, with fair plaits pinned round her head, a capacity for unending work done without seeming effort, a keen sense of humour—good company at a party—a love of all her fellow creatures and an uncanny knack of getting to the root of their troubles—be it an indignant ward maid, a nervous fashionable woman—an anxious business man, one of her nurses or a busy member of the medical staff. Her presence calmed and refreshed them all. These qualities she shares with all good sisters but in addition, in those far away days of restricted leisure her wide outlook and many interests made her remarkable.

She was a gifted woman. In her student days she could be heard in the Nurses' Home practising Bach, Beethoven, or the like; she was a member of the Nurses' Choral Society, she played the organ. In a quiet way, the Hospital Chapel meant much to her. She was a clever needle-woman and a wide reader. But at heart she was a country woman, a naturalist and a lover of animals. To the end of her life she never gave up her music.

In 1922 she married Lieut.-Colonel William Leslie, and after his death continued to live on the borders of her native Kent and Sussex, constantly using her nursing talents among the village people in time of need. She died, after a brief illness, on 5th November, 1959.

E. P. MacM.

CHRISTMAS, 1959



Leigh Parry

AN APPRECIATION

THE REVEREND KENNETH CHILD, B.A.

All of us will miss the Reverend Kenneth Child, who has left Guy's to become the Rector of Newmarket. He was inducted as Chaplain by the Bishop of Southwark on 25th April, 1955. Following the Reverend Dennys Giddey, he came to a sphere in which all the doors had been opened, and a welcome awaited him. During the four-and-a-half years that he has been here, he has used those opportunities and made others. He is *persona grata* everywhere. His work has been with students and staff as well as with patients, and his strengthening of the chaplaincy staff with the introduction of a Diocesan Lady Worker, Sister Anne Harding, has been a source of great blessing. We are glad that she continues.

Those of us who represent the " Other Denominations ' . . . horrible term . . . have been grateful for Mr. Child's friendliness and co-operation. He has made our work easier, and helped us to know each other, especially by gathering the visiting Roman Catholic Chaplain, the visiting Jewish Rabbi and myself in his home for lunch.

His recent broadcasts extended his influence, and all of us, though sorry that he is leaving, will unite to wish him God's richest blessing in his new work.

SIDNEY FRANKLIN,
Visiting Free Church Chaplain.

THE REBUILDING OF GUY'S HOSPITAL—V

By B. LEES READ, *O.B.E.*, A.C.A., F.H.A.
Clerk to the Governors

THE first illustration in this article, which is an aerial photograph of the new building, is reproduced by kind permission of *The Evening Standard* and was, I am informed, taken from a helicopter

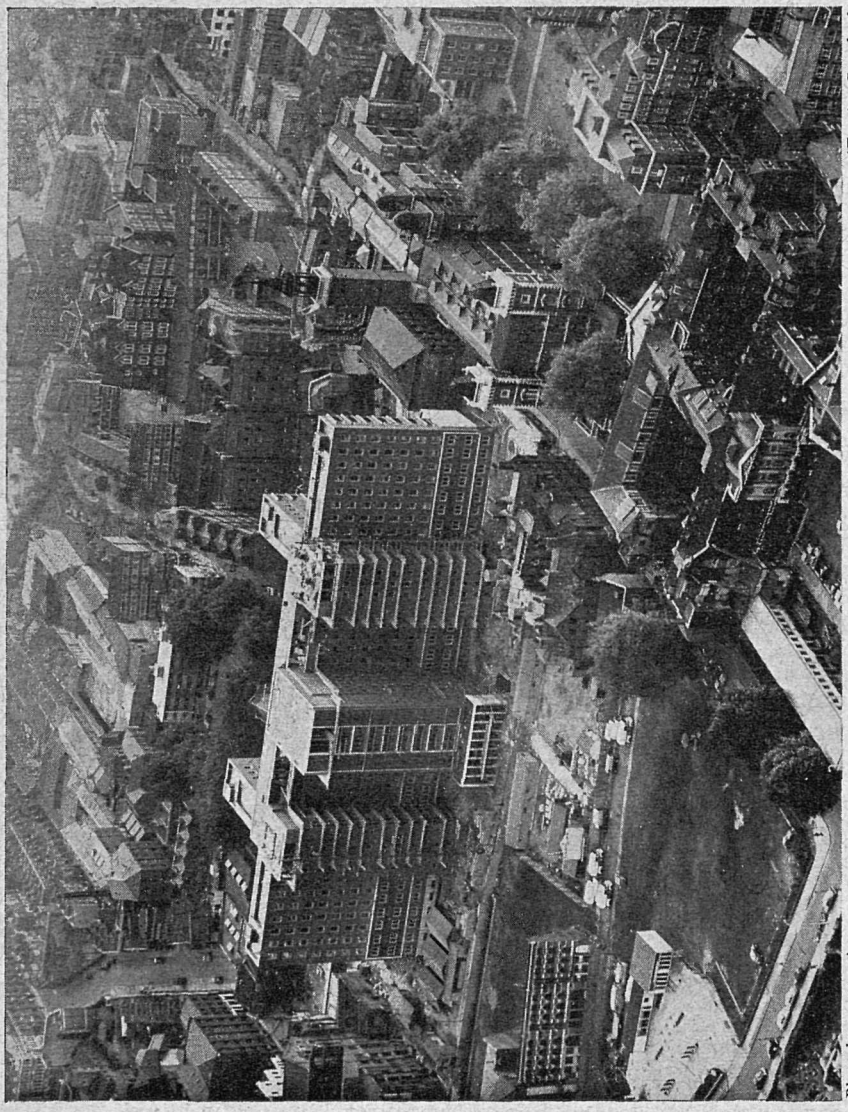


Figure 1. New Guy's House, Autumn, 1959

(Evening Standard Photo by courtesy)

early one Sunday morning. Confirmation of the fact that the photograph was taken on a Sunday is easily obtained when it is realized that the car park between the new building and St. Thomas' Street is to all

intents and purposes empty of cars. I think it is only on Sunday mornings that this state of affairs exists.

A comment, made in writing, which I think takes the prize among all the criticisms of the new building that have been received was a letter which read as follows:—

> "The chair is not satisfactory, since it has not been found possible to sit on two chairs at once. . . .
>
> P.S. No chair has yet been found satisfactory in this respect."

The foregoing statement was in respect of a type of stacking chair which was under consideration for use in the wards in the new building. Just what the writer of the letter intended to say I do not know.

At about the time this gem was received, we heard it was possible for a container inserted in the Lamson tubes with its departmental selector mechanism not properly set, metaphorically speaking, to go into orbit. The tubes loop up through the building and, if misdirected, a form of perpetual motion of the one misdirected container could commence and it would continue in circuit from the top to the bottom of the building indefinitely. Visions of trying to open traps and catch the erring container as it went by were too much to accept. Apparently, as this has happened in other installations, the manufacturers have a method of dealing with it. If this should happen, a warning light would be flashed in the Porters' Lodge, a device for diverting the orbiting tube into a reject receptacle would be put into operation and, although this will not guarantee that the tube will arrive where it was intended to, it apparently does guarantee that it will arrive somewhere and stop.

The employment of sub-contractors sometimes causes problems; for example the facilities to be afforded the sub-contractor. On one occasion a sub-contractor complained that no telephone had been provided for his foreman to have quick reference to their works. To this complaint I believe the reply was given that how they maintained communication between the site and their works was entirely their affair, and if they wished they could use a "pigeon post".

Recently a query was raised as to whether or not when the orthopædic beds returned to Guy's, it would be possible for a bed complete with Balkan frame to go in the lifts or go through the doors, into separate rooms, etc. It was found that the normal hospital bed complete with Balkan frame would not either go through any of the doors or into the lifts, and at first the remark was made that the doors would have to be heightened and the lifts altered. This was, of course, quite an impossible undertaking, so it seemed the answer to this would have to be either a number of beds with shorter legs which would permit them to enter the lift cages, pass through doors, etc., or one might perhaps consider telescopic legs. However, it is certainly too late to alter the sizes of all doors so as to permit the passage of a bed with Balkan frame but fortunately it looks as though it will be possible to lower the height of the Balkan frame and so get over this difficulty in another way.

Now that the building is well advanced, various members of the staff who expect to work therein are taking a great deal of interest in the details of the particular parts of the building with which they are concerned and, needless to say, every now and then pressure is brought on those concerned with the building to add this or that refinement which hadn't been thought of when the plans were prepared. With this excuse and with apologies to the original author of the doggerel which I have adapted to suit my purpose, I offer the following:—

He took me out to dinner in his super streamlined car
He gave me Clicquot '41, Roast Duck and Caviare
The lights were dim, the music low, the atmosphere exciting
I thought that he would soon propose and looked my most inviting

And then at last he touched my hand but quickly drew away
He stammered "There is something that I badly want to say"
My heart beat fast and faster as he murmured "Darling fair—
My sixth floor dental treatment room—please give it compressed air."

Decor

References have been made in a previous article to the appointment of Mrs. Boland to advise on colour schemes, furnishings, etc., and I must admit that my own conception of the duties of such an appointment would originally have been somewhat on the lines of choosing a few colours in paints for the wards, etc., picking out what were thought to be suitable, hard-wearing and substantial designs in furniture and ensuring that the upholstery materials of such furniture, including curtains, did not clash with the colours of the paints used. However, one lives and learns, and during the last twelve months I have appreciated that a great deal more is involved if it is

really intended to achieve an attractive final result, and I am sure that this is being done in the case of the new surgical block.

A great deal of use has been made of coloured formica for the working tops of benches in kitchens, sluice rooms, instrument stores, etc. Where joinery work has to be painted, the colours have to match or tone in (I am not sure if I know the correct phraseology to use) with the colours of the formica, flooring materials, etc. Account has to be taken of whether or not a room is on the north or the south, i.e., how much natural light there is, and set out below are the verbal descriptions of the particular types of formica chosen for the kitchens on the seven ward floors:—

Formica Worktops and Paint for Joinery Fittings

		Paint BS.8-087 Blue
9th Floor	Kitchens 918 and 937	Red Formica Star and Dot 30.159 Paint BS.8-087. Blue
8th Floor	Kitchens 818 and 837	Suntone Yellow 30490 Star and Dot Paint BS.9-094. Pale Grey
7th Floor	Kitchens 718 and 737	Formica Sky Blue Star and Dot Paint BS.4-054. Mimosa
6th Floor	Kitchens 618 and 637	Dove Grey Star and Dot Paint BS.1-022. Flame
5th Floor	Kitchens 518 and 537	Opaline Green Star and Dot, 30660 Paint BS.7-075. Pale Turquoise
4th Floor	Kitchens 418 and 437	Spruce Capri 42665 Paint BS.7080. Dark Turquoise
3rd Floor	Kitchens 318 and 337	Charcoal Grey Capri, 42865 Paint BS.4-054. Mimosa

Against the description of each type of formica is the British Standard paint reference number of the paint to be used on the kitchen cupboards, etc.

A great deal more could be written on this question of the use of colour, but it seems that, basically, the best approach is to have neutral colours for your permanent or semi-permanent finishes. For example, all tiling throughout the block is grey, the tile used being that manufactured by H. & R. Johnson, Ltd., ref. SFD. 8. Radiators, radiator shields and ventilation extract grilles, etc., are to be stove enamel aluminium finish or pale grey. These again are the colours used for handrails on staircases, beds, etc. Other basic neutral shades of grey have been used for trolley plates, kicking plates and permanent shelving and locker tops in formica. The purpose of this is to permit, in due course, changes in paint finishes when the time comes for these to be renewed while, at the same time, preventing the possibility of garish clashes of colour that might result if permanent fittings were of more lively shades.

Having dealt, however briefly, with colour as such, the impression one gets of the completed surgical block is also dependent on a large number of other factors. In the Casualty Department, facing the entrance, is a waiting-hall, on one side of which is a buffet. A screen will be erected to cut off the waiting-hall from the corridor along which casualties brought in by ambulance might be wheeled. This screen could have been painted to match the rest of the corridors, but, in fact, it is hoped it will be something very different. An etching of a Panorama of the Thames in 1647 from Sir Russell Brock's collection is being copied and enlarged with a view to it being incorporated as the finish on formica sheets, and this material will be used on the screen, something both interesting and attractive which, at the same time, will not need repainting and will last indefinitely if just wiped down. It is suggested that the reverse side of the screen might illustrate the history of the Hospital by means of engraving and line drawings with appropriate text, arranged in decorative form and photographed onto formica. The cost of this screen is not yet known and it might prove to be more than the money available.

All shelving, counter tops and buffet tables at which patients and visitors taking refreshment will sit again have formica tops, and the store cupboards and fittings in the buffet are whenever possible made from formica, stainless steel and glass.

In the entrance hall, the carpeting will be Templeton's XO quality, and the design is best described as a scatter-mix in two shades of green.

Interior surfaces of window frames and window reveals have been painted in white. This is to get the maximum light reflection and also to maintain a uniform appearance from outside. Buff has been taken as the basis of the walls of the external escape staircases, where visible from outside to harmonize with the brickwork of the lower floors. In contrast to the very pale colour chosen for the walls, the main

reception hall has been taken in deeper and more vigorous colours to give dignity to the entrance. The lift doors are in copper bronze finish and the mosaic in which they are set grey green with a touch of copper. The flooring terrazzo is dark green and copper brick-dust mottle.

Lavish use in the waiting rooms, in the concourses on each floor and in the day-rooms at the end of the wards will be made of stands to accommodate house plants, bringing a touch of green and freshness into the normally "carbolic" atmosphere of the Hospital. The Head Gardener has built additional glasshouses to grow the four or five thousand plants which he estimates will be required. The building of the glasshouses by his own men was made possible through a commercial market

Cardiac X-ray Department

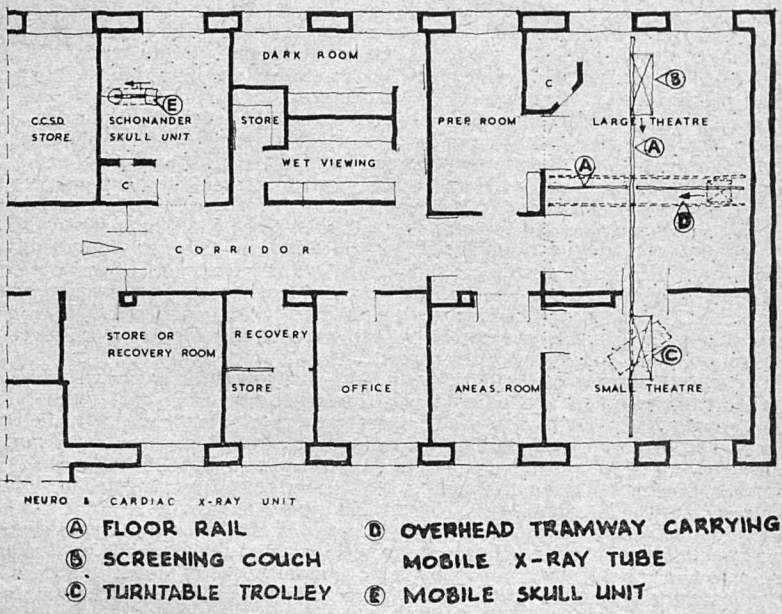


Figure II. The neurological and cardiac X-ray unit.

gardener having sold his land for building development, which enabled the purchase at less than a tenth of their new cost of a large number of "lights", i.e. 6 ft. by 4 ft. glazed frames.

Building Work

The road from Great Maze Pond to the new surgical block, formerly Sparricks Row, will, of course, require lighting, and the Architect had in mind the provision of lamp standards of modern design with what he termed the "coolie hat" fixture at the top to hold the lamp. Subsequently, some doubts were expressed by the Architect as to the wisdom of using the coolie hat type of lamp fixture, so I suggested that as modern forms of lamp posts seemed to be meeting with a considerable amount of opposition from various authorities on artistic form, it might be a very popular move if we were to purchase from, say, the Marylebone Council, a number of the old gas lamps which they were discarding. This idea at first met with more enthusiasm than I had ever thought possible when putting it forward, and it was found that old gas lamps could, in fact, be purchased. After a few weeks' reflection, however, the Architect felt that old gas lamps would look as much out of place beside the new building as the coolie hat design on which he was having second thoughts. The form of lighting of the main approach to the new surgical block is, therefore, still unsettled, but I believe that price will bring us back to some variation or other of the "coolie hat" design.

In an earlier article reference was made to the fire escape staircases which form part of the two sanitary towers on the north side of the building. These, partly open at the side, were to be lined with facing bricks. On alternate floors hose pipe points were installed with the object of making it possible to sluice the staircase down from top to bottom, so simplifying the cleaning problem. A small section

of the ground floor of one of these staircases was lined with the type of facing brick which it was thought should be used but since these bricks were laid a few weeks ago it appears there is a certain amount of free lime in the clay which, after moistening through atmospheric dampness, has swollen, so pitting the face of the brick. It is obviously, therefore, quite impossible to use these bricks as, in a short space of time, they would have a rough uneven surface which it would be impossible to clean. As an alternative, it has been agreed that the walls should be finished with a steel trowelled rendering and the cement should be coloured so that the whole of the staircase will in fact be buff rather than the red of the facing brick.

In the original plans the lower ground floor of the east wing was left unallocated for any purpose but now it is to be used to provide a department for diagnostic radiology, particularly for cardiac and neurological cases. This decision, now approved by the Ministry of Health, was made somewhat reluctantly as this area was almost the only space in the new building available for future needs.

When the plans of the New Surgical Block were finalized it was intended to have a central diagnostic X-ray department on the ground floor of Hunt's House, the additional accommodation needed to replace the old surgical diagnostic x-ray department to be obtained by transferring the V.D. department to the old casualty and incorporating in the new department part of the present out-patient hall. However, when the plans for the new central department were prepared and present day requirements were known it was realised that the original proposal would not provide sufficient space and the only way sufficient space could be made available was by a rather wholesale re-shuffle of accommodation, and this involved moving the dispensary. Preliminary estimates showed that these moves would involve a cost out of all proportion to the gain so it was decided that the special x-ray equipment needed for neurology and cardiac work should be housed in New Guy's House. This change in plan has provided a first-class department for this work and the illustration shows the layout of the department.

The two communicating theatres are to be equipped for angiocardiography, cardiac catheterization and other arterial investigations where high speed serial films are required. Each room has its own screening table equipped with a detachable top so that without disturbing the patient, he can be transferred on a special trolley to the point where the high speed serial apparatus is located. Two Schoenander film changers operating at a maximum of six films per second are arranged to operate simultaneously and at right angles. Their chief use will be for cardiac investigations. A further and larger Schoenander film changer is available for such investigations as abdominal aortography. The accurate positioning of all the mobile parts of the equipment is achieved by the use of a floor monorail system. Each room has its own generator so that they can be used independently—an important feature since cardiac catheterization can be a very lengthy procedure. Apart from the film changers the apparatus has all been specially designed by A. E. Dean and Co. and the main power unit is a D.66 150 Kv generator.

The third theatre is equipped solely for neurological investigations and the apparatus includes a Schoenander skull table powered by a General Radiological Ambassador 250 m-a. 4 valve generator.

In an emergency, major thoracic surgery may have to be undertaken in the x-ray theatres and for this reason, a separate preparation room has been provided as in a normal theatre suite.

A particularly interesting feature in this plan and one not normally associated with a department of diagnostic x-ray is the provision, adjacent to the two main equipment rooms, of an anæsthetic room. This is necessary as so many of the diagnostic investigations preceding cardiac surgery have to be carried out under an anæsthetic.

The two rooms marked "stores" and "recovery" are, in effect, all that remains of our un-allocated space and even these may have to be booked in the very near future, one possibly for use in connection with central sterile supply and the other may possibly have to be used as a recovery "ward" for cases that have been examined in the Radiological Department.

Messrs. Philips Electrical Ltd., Medical X-Ray Division, have manufactured a prototype ceiling-mounted diagnostic X-ray unit specially for use in casualty departments. The illustration in the article shows this ceiling mounted suspension unit. The purpose of this is to give complete freedom of movement of the x-ray tube both vertically and horizontally and at the same time to avoid the use of a fixed table. The reason for this is that a badly injured patient, once out of the ambulance and on a trolley, need not then necessarily be lifted off the trolley on

to the x-ray table and back again for transport to the ward or theatre. Specially designed trolleys on to which the patients will be put when taken from the ambulance will be wheeled into the x-ray department for all the necessary x-ray examinations to

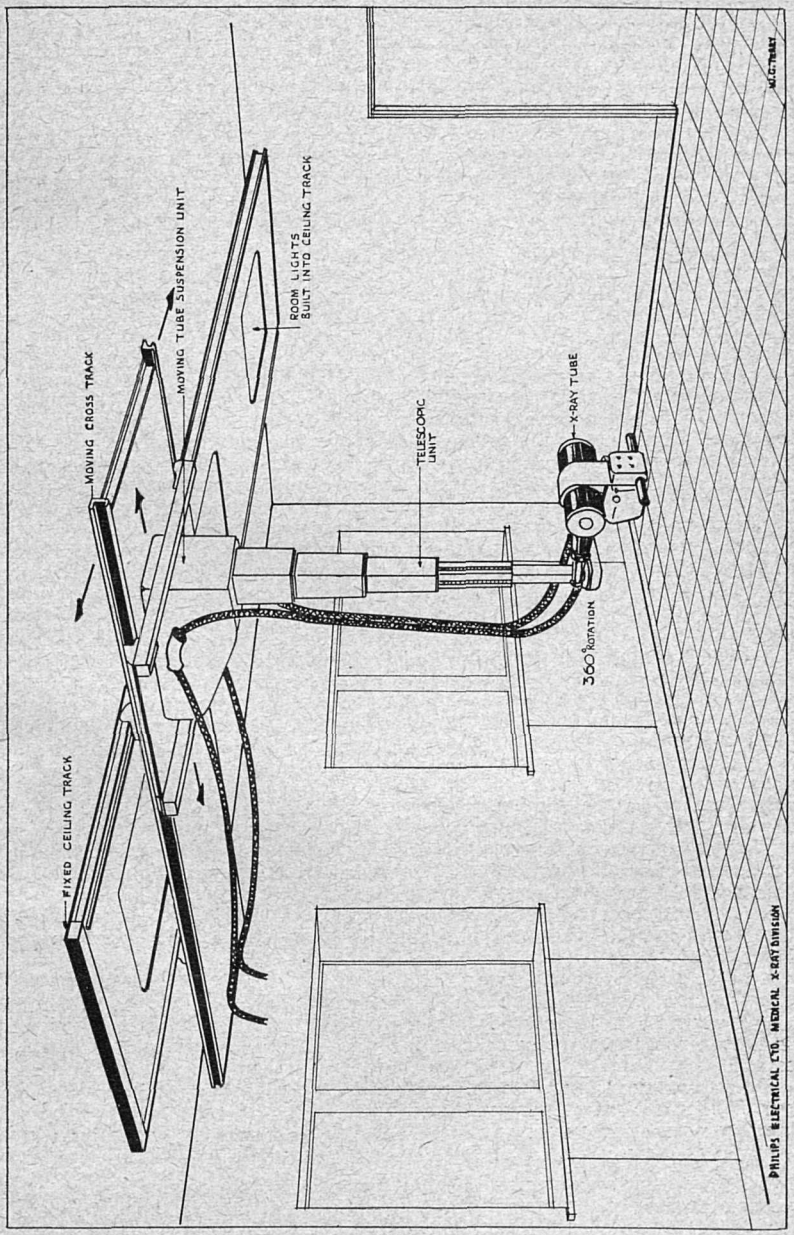


Figure III. Casualty X-ray Diagnostic Unit

be carried out. The patient can then be wheeled to wherever is necessary without being further disturbed.

The illustration showing the model of an operating table with above it the scialytic light and x-ray tube head coming through the observation dome is a photograph of a model made by A. E. Dean, Radiological Equipment Manufacturers, which was

produced to quarter-scale in order that they could work out the mechanism for the light and the x-ray equipment, details of which were given in the last article.

A different pattern in the work of building New Guy's House has been revealed since my last article though perhaps it would be more accurate to say that a different pattern in the work of keeping a check on what is done has been revealed. We are now really getting down to detail both on building work and on equipment. At a recent meeting of the Building Committee authority was sought (and granted) for the carrying out of no less than 66 variations to the original proposals. Some of these were of minor importance, others arose from site contingencies, e.g., two services trying to get through the same hole or run in the same place while others were made necessary by policy decisions of the Medical Sub-Committee. A few of such matters of detail are set out below:—

Operaing Theatre X-ray Viewing Boxes

The design of the stainless steel panel in the theatre incorporating viewing screen switches, etc., was found to have the switches at the base of the panel and, obviously, with wet film viewing there was the risk of water and chemicals running down into the switches; this was obviated by having the switches mounted on the panel above the screen.

Viewing Rooms over Operating Theatres

The surgeons decided they would like audible communication between the theatres and the room housing the observation dome. It was agreed that the microphone should be on the cranked arm of the operating theatre light and the loudspeaker mounted round the centre of the dome above. After some discussion it was also agreed that the sound volume control should be upstairs for adjustment by the spectator subject to there being a switch in the operating theatre itself which would enable the surgeon to cut out all sound, the general idea being that, if someone turns on the sound too loud so that it is a nuisance in the theatre, then it can be cut out. It was also accepted that, on occasions, the remarks being made in the theatre might need censoring, and the switch will perform the dual function.

Accotile Flooring

It was found that no provision had been made in the specification for the synthetic tile flooring to be "sealed" after it had been laid. This sealing is very desirable if it is wished to prevent the tiles becoming inpregnated with wax or, alternatively, absorbing moisture. It adds to the life and simplifies cleaning. The area to be covered with accotile flooring has been calculated and sealing to this area proved an additional cost of £455.

Clinical Lecture Theatre—Projector—Screens

The Clinical Lecture Theatre between the first and second floors was to be provided with a screen for the projection of films, either cine or stills, but unfortunately the seating was designed to be occupied from a centre gangway and this has involved making arrangements for the projector to be slightly off centre in the theatre with consequent problems in connection with the angle at which the picture will be shown on the screen. This position has now been settled and a slight extra cost is involved.

Teaching Floor—Department Floor (Second—Exhibition Room)

Provision had been made for large showcases to be installed in this room but it was realised that the contents would not be very easily visible with either daylight or the normal room lighting. Arrangements have had to be made for the showcases to be lit. As current was available and no additional conduiting, except a little service conduit inside the showcases, was necessary, the extra cost of this variation is not great.

Allowances for Special Wiring

Special wiring required for different purposes is now coming to light and creating a number of these small variations and extras. For example, the master electric clock in Guy's House has to be connected to the clocks in New Guy's House and a special cable will be required for this purpose. To enable the Chief Engineer to know what is happening in the boiler house in Guy's House the instruments have to be wired to the plant in New Guy's House. An allowance was made for this work but until it was known exactly what was involved the final cost could not be agreed. Details of the wiring and the cost are now being settled.

Pipe Runs—Connection Between New Guy's House and the Old Boiler House

Considerable difficulties were encountered in getting the pipes carrying steam, etc., from the subway to New Guy's House through to the boiler house with the result that the diversions necessary have cost £595 more than the sum allowed. This work has now been completed and heat should be turned on in the new building immediately after Christmas, 1959.

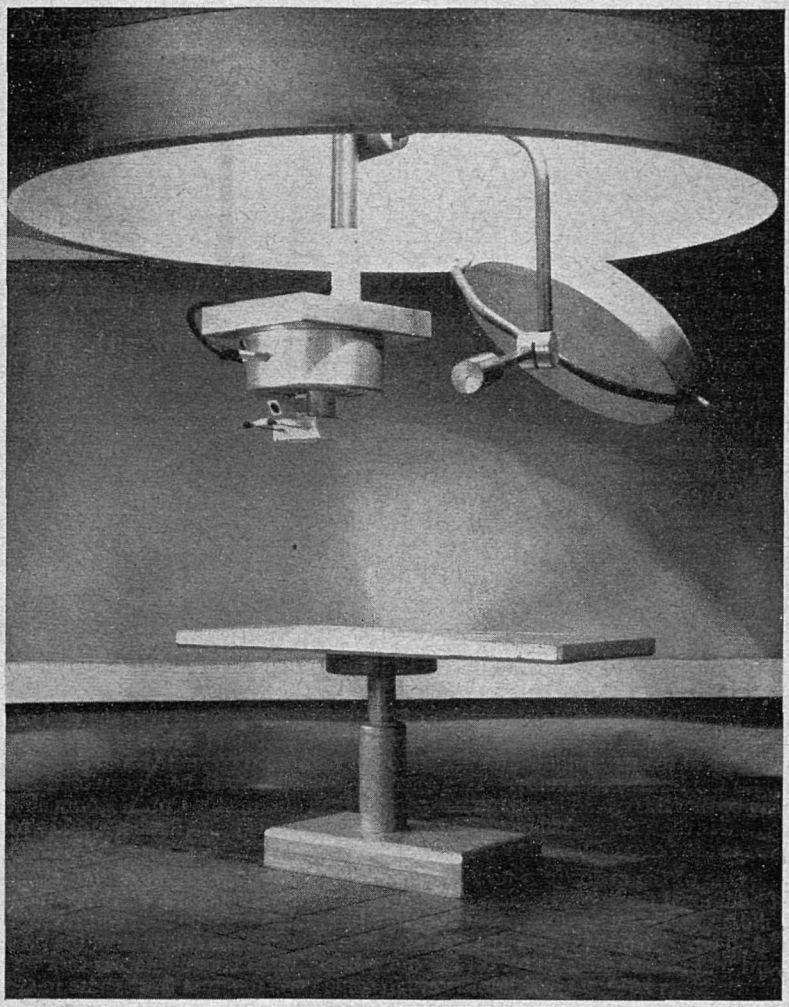


Figure IV. Scale model of theatre with X-ray unit in observation dome.

Swab Slates

Originally slates on which to record the numbers of swabs were to be regarded as loose fittings to be provided for use in theatres. It has now been decided that these shall be built into the wall in place of a certain proportion of the tiling. The estimated cost of this for all theatres is £40 but the saving in the area of tiling is to be taken into account and it is possible that very little extra cost will ultimately be incurred.

Perimeter Duct Lighting

The perimeter pipe duct which follows the outside line of the building and carries all the services, was originally to be accessible from relatively few points. This meant quite lengthy journeys under ground in a confined space so the number of access points was increased. It was then realised that only through the original access points could the lighting in the duct be switched on and obviously if this was left it would mean the lights would be switched on and probably be left burning weeks on end. Dividing the circuits in the duct so as to permit switching on the lights for different sections at each point of entry has been carried out at an extra cost of £55. This should save its cost many times over with the reduction in the use of electricity.

Recently the Ministry of Health have been considering the advisability of purchasing a number of linear accelerators and on the supposition that this is done the Ministry have been also considering the hospitals where these should be situated. The Radiotherapy Department in New Guy's House was suggested as a suitable site and further it was found that a linear accelerator could be installed in the room designed originally to house the new Cobalt Unit. However, like everything else, there have been developments in linear accelerators and a new type manufactured by Vickers Armstrong was one that our staff wished to have. This, however, cannot be installed in the Cobalt Room without cutting deeply into the reinforced concrete surrounding that room for the purpose of protecting against radiation. The possibility of cutting through this concrete, some 3 feet of high density strong mix concrete heavily reinforced with steel bars running both vertically and horizontally, was not a job to be lightly undertaken and in fact the builders stated that, if they were asked to do this with pneumatic drills, they could not accept any responsibility for the soundness of the building in this wing. There was a risk that the asphalt seal against water entering the basement might be cracked, a possibility that pipes already installed might break at welded joints, tiles be vibrated off the walls, etc., etc. The Architect was equally loath to agree to this proposal. However, before a decision could be made, it was found that there was an alternative method of cutting through this concrete, although such alternative was far more expensive than that of using pneumatic drills, namely to use "diamond tipped drills". These, without the vibration associated with pneumatic drills, will cut steadily through both the steel reinforcing bars and concrete, the principle being, of course, that a line of holes are drilled touching one another so that eventually the piece that has to be removed has been completely isolated from the rest of the mass. The cost of carrying out these alterations is estimated to be approximately £10,000. Whether or not the Ministry will decide that a linear accelerator should be installed at Guy's, and the expense of installing the type we would prefer met, is a matter still in abeyance.

There is the possible alternative of excavating the ground near the end of the West Wing housing the Radiotherapy Department and creating immediately adjacent to the new building an underground reinforced concrete room designed to house the linear accelerator. This alternative possibility is being explored and it may be that this would be no more expensive than altering the Cobalt Room already created in the new surgical block and, obviously, it would be preferable to add a room than to alter at considerable expense a room already created.

One of the major jobs now being tackled is the preparation of the schedules of additional furniture, medical equipment, and instruments necessary for the new building, and also schedules of the additional normal stores such as bedding, crockery and so on. To some extent this work is made easier by the existence of the present ward and theatre stocks but, on the other hand, these complicate the task as the arrangements in New Guy's House are in some ways different from those in Guy's House. For example, the introduction of a central sterile supply department will make it unnecessary for wards to carry the same stock of certain items of equipment and the surplus will be available as part of the circulating stock of central sterile supply, but to sort out the position is far from easy as those responsible for centralising sterile supply have the idea that the ward "surplus" will, of course, be found to consist of articles that have been well used and they naturally are not very keen on taking over a mass of loose equipment sorted out as unwanted by the various wards.

These schedules, in total, run to approximately 80 pages with an average of 17 items to a page. Two selections taken at random are summarized below. One is from the schedule of operating theatre equipment and the second from the list of furniture, etc., requirements for a ward.

Operating Theatre Equipment

Operating Tables

One full movement table with a gear box at the head of the table which controls all movements and can easily be operated by the anæsthetist without interfering with the remainder of the staff. It will have one refinement over existing tables, a stainless steel base in order to avoid chipping.

Two full movement tables, but cheaper than the one above as they have no gear box and are hand-operated in the usual way.

Six more simple tables—their movements are restricted to the Trendelenburg and Reverse movements.

One Plaster Table. This is a very simple wooden structure placed in the centre of the plaster room where leg plasters, etc., are fixed.

Trolleys

Two large curved trolleys. These are made in stainless steel. (The reason for the curved shape of the trolley is that a nurse can stand in the curve and have easy access to instruments laid out around her.) Used mainly in thoracic work where many instruments are used.

Two runabout trolleys. These have not yet been selected, but the idea is to have a fibre glass container on a trolley for movement of articles and linen around the theatre suite.

Two general purpose trolleys. These are also for moving goods around the theatre corridors.

Nine trolleys for dirty gowns, gloves and masks. These are stationed outside the theatre doors and in a bowl in the centre ring the surgeon washes his gloves and then throws them into another bowl of disinfectant kept lower in the stand. The other two rings support bags into which gowns and masks are thrown.

One instrument wagon. This is used for putting out sets of instruments in the instrument room prior to packing and distribution. It moves to and from the autoclaves.

Eight laying-up trolleys. On this trolley the various sets of instruments are made up and packed.

Eight sterile pack trolleys. These are used for conveying packs from the instrument room to the various theatre preparation rooms.

Six patient trolleys. There is one refinement to the usual type of trolley and this is a device which will allow the trolley to be tilted.

Mayo Tables

Two tables which are placed over the end of the operating table for holding instruments.

Wakefield Table

This is used for a similar purpose to that above, but is a larger version.

Spotlights

Seven of these are needed for use, particularly where deep cavity operations are being carried out and where a restricted concentrated field of light is required.

Endoscopy Case

One for sterilizing bronchoscopes.

Test Room Equipment

There will be a room provided in each ward for the purpose of making tests and the equipment will include 2 albuminometers, a Bunsen burner and stand, test tube rack, 2 urinometers.

Drugs and Medicines Room

This room will be equipped with a medicine trolley, trays for measuring drugs, syringe stands, forceps, glasses, oil cups, a minimum measure and a small refrigerator for the storage of drugs.

Ward Furniture

Furniture for Wards

27 beds per ward each with Dunlopillo mattresses, 3 feather and one kapok or foam pillow. Attached to each bed will be a basket for temperature charts, etc., urinal bottle holders in the male wards and each ward will be supplied with two pairs of cot sides.

A locker will be supplied for use in connection with each bed together with a bed table, two upright stacking chairs which are specifically chosen to provide two seats for patients' visitors while occupying floor space of one chair. The chairs will also be suitable for holding bed linen when making beds.

In addition, each ward will be supplied with the usual range of furniture including 6 stacking dining tables which will take up less room when not in use, 3 coffee tables, telephone trolley for patients, 2 filing trolleys in which patients' notes can be moved about on Doctors' rounds, 4 large and 4 bedroom wheelchairs, 6 wall thermometers, etc.

Sundry items include electric razors, male wards; hair dryers, female wards; safety razors, all wards.

Future Developments

In the last article, I referred to the fact that cement was being pumped under the foundations of Guy's House, to see if it would be possible for them to be made good with a view to the restoration of this old building. This method of consolidating ground under the foundations of buildings, and termed the "cementation process" has been applied at St. Paul's Cathedral and elsewhere with great success, and after the conclusion of the experiment at Guy's House, the Governors were delighted to hear that the method had proved successful here also. That section of Guy's House nearest Great Maze Pond was chosen for the experiment: 75 tons of cement were pumped under considerable pressure below the foundations. Originally, the walls were built on oak beams which, in turn, rested across oak piles; during the centuries these had rotted away and the places where they had been had, to some extent, become lightly filled with the first medium or type of material making up the ground which, in this area, is "fill", i.e. ashes, rubble, old bricks and all types of rubbish originally tipped into the "Pond". The brick footings at the base of the wall were the first parts to be consolidated, and strengthened, to carry the existing loads, or increased loads of the future, and here the cementation operations were successfully carried out and proved to be effective, filling up all loose joints in the brickwork, and voids caused by rotting timbers. The cement grout further enveloped the footings, increased their effective width, and spread to some voids underneath the adjacent floor slabs.

The second medium was the made-up sandy clay strata below the footings, down to the level of the gravel. This stratum, from injection results, indicated that it was resistant to penetration, and penetrometer results showed very little difference before and after the treatment, although there was some indication that the ground had been stiffened. Resistance to injection is quite typical of nearly all clays. It was, therefore, found necessary to allow a period of rest, and then take samples of the clay to be investigated in the laboratory as to its strength for carrying capacity, and its reaction if the loading was increased. The cement injection filled up any voids such as where timber had rotted away.

The third medium, the lower ballast, proved also to be resistant to cement injection, and it was revealed as well consolidated, fully capable of taking the spread load of the building above when this is transmitted through the overlying strata.

From the records kept of the quantities of cement grout used in these injections, 17 tons of material was used in filling joints and voids in the brickwork, and strengthening the base of the brick wall and its footing, and a further 45 tons was used below the foundations where it was mainly dispersed to spread the foundation width and fill any voids to which it had access. The balance was used in other directions.

The limiting factor in considering this problem was, therefore, the strength of the made-up sandy clay on which the foundations of Guy's House will ultimately fully rest when all timber piles, and crowning timber pieces have rotted away. The laboratory investigations indicated that the clay would have an ultimate bearing capacity of approximately 5 tons per sq. ft. Calculating the load on a typical wall, as at present existing, shows that the pressure under the footing is about $2\frac{3}{4}$ tons per sq. ft. Loading on clay of this strength would generally be 2 tons per sq. ft., but in the case of Guy's House, although the loading may be up to $2\frac{3}{4}$ tons, this has been gradually applied due to decay of timber piles, and reduces the factor of safety to 1.8. There is no danger of failure in any way, but there is a question of further settlement. It has been pointed out that the length of wall on which this trial

of cementation was carried out was not typical, as a lavatory block had been added here and, therefore, the spread of foundation was extensive, and it was not really known whether the new lavatory annexe had piled timber similar to the original walling.

This, however, did not alter the final conclusions, that it could be recommended to carry out a system of cement injection to consolidate the foundation and increase their width so that the foundation will safely carry the existing loading and also the slightly increased loading that the internal floor reconstruction might impose. There will still be continued consolidation to the clay below the foundations, and therefore further settlement will take place as the loadings are fully tranferred, by the rotting of timbers to the clay strata. It is not anticipated the further settlement will be in excess of ½ in. and it is reasonable to assume it will occur evenly along the lengths of the walls as they stand at the moment and it should not be noticeable.

In viewing the existing brick walls, there is not very much visual evidence of settlement cracks, although, of course, it is known from levels taken on the plinths there is some difference in levels along the walls of some 3 in. or so.

There are eight internal angles to the two quadrangles within Guy's House, and here we find the biggest concentration of loading caused by the floor areas carried, and the weight of the brickwork, but it will be a simple matter to provide additional foundations at these points to reduce the unit load transferred to the clay.

It is also possible in the reconstruction to provide central supports to some of the new floors, so that the loading carried by the existing walls would be reduced, and therefore the possibility of future settlement somewhat reduced. Should the cementation be extended in a suitably controlled manner to the remainder of the foundations, to strengthen the wall and spread the loading, the total cost should not exceed approximately £60,000. With the treatment recommended, it is felt that with proper care exercised in removing the decayed timber, and such like, buried in the structure, the walling to Guy's House can be preserved, and made stable satisfactorily. In other words the original "Guy's House" can be preserved for posterity even though no longer suitable or used for its original purpose.

There have also, fairly recently, been two other developments, which I believe have been previously referred to. The first, which has an important bearing on the future developments of Guy's House, is that it has at last been agreed with the L.C.C. Planning Authority that the widening of St. Thomas's Street, which is scheduled to take place at some time in the future, shall take place on the northern side of the street rather than the southern. This will permit the rebuilding of the destroyed east wing of Guy's House in its original form, and as it has been found that the process of making good the foundations has also been successful, two very important obstacles to the preservation of old Guy's House have now been removed. The second of these latter two developments is that, at long last, through the hard work of Alderman James Greenwood, a member of the House Committee, it has been found possible to get a Closing Order of Great Maze Pond, subject to the Governors maintaining a pedestrian right of way. The period during which it was possible for anyone to appeal against the Order has now expired and the Order has been made by the Ministry of Transport. Gates have been designed and approved by the L.C.C. and are in course of manufacture, and some time early in the New Year it is hoped that these will be in position, one pair just north of "The Miller", the second pair just north of the College.

A further part of the long term development of the Hospital which has moved one step (I will not say forwards as it might well be thought that the move has been backwards) has been the rejection by the Ministry of the proposals for the extension of the Dental Department by incorporating therein the buildings known as the Hostel and Down's Warehouse. The Governors submitted a scheme for carrying out these extensions as being the only way that it was possible immediately to proceed with enlarging the department. The grounds on which it has been rejected, namely, that the expenditure involved is out of proportion to the benefits obtained, is, in fact, a decision with which the Governors concur so no effort has been made to press the matter. However, the Governors have decided, as an alternative, to consider the possibility of rebuilding the Dental Hospital in its entirety and possible alternative methods of doing this are now under active consideration. It is, however, too early to give any indication of the form these alternatives might take. One thing is certain, the rebuilding of Guy's will not come to a standstill with the completion of New Guy's House. Schemes for further extensions, larger even than the new Surgical Block, are already on the drawing board with the ultimate object of providing at Guy's completely new clinical facilities.

SPORT

ASSOCIATION FOOTBALL

UNITED HOSPITALS' CUP

1st Round

Guy's v. St. Mary's

Result—Lost 4-0

A weakened Guy's side met a very strong St. Mary's side and were easily beaten on what must now be rated their "unlucky" ground.

Guy's never really got into the game. Due to some fine attacking moves by the opposition Guy's were held on the defensive for most of the game and consequently their half backs were unable to lend the support which the forwards so badly required. It came as no surprise when St. Mary's soon took a 2-0 lead which they held until the interval. Guy's did improve towards the end of the first half but were unable to score.

During the second half it was really all St. Mary's but the two goals which they did obtain both came from bad defensive mistakes.

We congratulate our victors and wish them every success in the forthcoming rounds of the competition.

Lloyds Bank v. Guy's

Result—Lost 2-1

This game was played throughout in very heavy rain. Under these conditions the older and heavier Lloyds side were at an advantage. However, the game was very evenly fought and had Guy's been a little quicker in clearing the ball from out of the penalty area they would have saved the two goals which were literally "given" away.

Lloyds scored one goal in each half and it was only during the latter period of the second half when the fitter Guy's team got on top that they were able to reply. Winchester was the scorer with a fine shot from outside the penalty area into the roof of the net.

Guy's should have equalised in the last few minutes of the game when Mason had an easy chance to score but unfortunately the ball skidded off his foot as he made his effort.

Parry, Winchester and Trayfoot were sound in defence and Mason was always trying in the forward line.

Team : G. Parry; P. Sheridan, A. Raynes; A. Winchester, N. Trayfoot, F. McGinn; D. Roberts, A. Palmer, B. Mason, M. Forsythe, D. Wright.

Guy's v. Royal Dental Hospital

Result—Won 5-1

This was an easy victory for Guy's, Royal Dental only having ten men throughout the game. Guy's were on top from the start and after ten minutes Barrett crashed the ball in from thirty yards. Minutes later Guy's went further ahead when after a good movement on the right the ball was swung into the centre and Palmer was on hand to tap it into the net. Guy's continued to play good football against a weak side who were unable to get much further than the half-way line before the lively Guy's defenders got the ball. Before the interval Guy's scored twice more through Heath and Palmer. Just before the interval Royal Dental lost their goalkeeper after a collision.

In the second half Parry went in goal for the Royal Dental and Landers took over the goalkeeper's jersey for Guy's. Mason scored an opportunist goal for Guy's and Royal Dental got a consolation goal before the end.

Team : Parry ; Sheridan, Winchester ; Carruth, Trayfoot, Barrett; Landers, Shepherd, Mason, Palmer, Heath.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1.

Applications are invited for the post of **Part-time, Non-Resident Casualty Officer** (Senior House Officer Grade) for six months from 1st February, 1960. Six morning sessions weekly. Salary 7/11ths of full-time rate.

Applications and copies of three recent testimonials should reach the Hospital Secretary by first post on **1st January, 1960.**

GUY'S HOSPITAL, S.E.1.

Applications are invited for the appointment of **whole-time Research Fellow in the Cardiac Department** of Guy's Hospital to work primarily on the problems of heart disease with special reference to surgical treatment. The work would include the clinical aspects and previous clinical experience and a higher qualification would be an advantage. Salary within the range £972 to £1,258 per annum, according to qualifications and experience. The appointment would be for one year in the first instance commencing as early as possible in the new year. Applications, with the names of three referees, should be sent to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, as soon as possible.

GUY'S HOSPITAL

The following Dental House Surgeons have been appointed for the period 8th February to 7th August, 1960.

General Duties : Mr. R. M. Watson, Mr. G. M. Edwards, Mr. M. W. J. Older.

Children's Department : Miss E. M. Parkman.

The following Assistant Dental House Surgeons have been appointed for the period 1st January to 31st March, 1960.

General Duties : Mr. H. Cannell, Mr. K. S. Cowley, Mr. P. J. Hill, Mr. N. J. Balcombe.

Children's Department : Mr. M. A. Ford, Mr. Y-C. Wu.

Preventive Dentistry Department : Mr. R. J. Thomas.

PASS LIST

UNIVERSITY OF LONDON

Diploma in Psychological Medicine
October, 1959

Part I
P. B. Whatmore

CONJOINT BOARD

L.R.C.P., M.R.C.S.
December, 1959

Physics
D. R. Stubbs

Elementary Biology
C. J. S. Wright

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

First Examination
December, 1959

Anatomy and Physiology

N. A. L. Baker	S. J. Mackay
M. D. Bourne	J. V. Maddison
J. B. Burt	R. J. T. Miles
M. Z-A. Cader	T. J. Mirams
M. E. Cave	R. D. Owen
F. J. Chate	J. Page
E. J. N. Chater	A. J. Pickles
J. G. Cook	Judy M. Pritchard
S. C. R. Evans	Kathryn J. Ramsker
P. D. Gedge	R. H. Sainsbury
R. M. N. Hooker	J. E. J. Sampson
H. G. Lewis	R. J. Tate

Special Anatomy and Physiology

N. A. L. Baker	J. V. Maddison
M. D. Bourne	R. J. T. Miles
J. B. Burt	T. J. Mirams
M. E. Cave	R. D. Owen
F. J. Chate	J. Page
E. J. N. Chater	A. J. Pickles
C. C. Colling-Baugh	Judy M. Pritchard
J. G. Cook	Kathryn J. Ramsker
S. C. R. Evans	M. C. Ribeiro
R. H. C. Fuller	R. H. Sainsbury
P. D. Gedge	R. J. Tate
R. M. N. Hooker	D. W. Tatton
L. W. M. Loader	D. B. Waters
S. J. Mackay	A. G. Williams

GUY'S HOSPITAL ADMINISTRATIVE STAFF

MISS J. ADDISON, *The Matron*

Sister	R. Tanner	*Assistant Matron*
,,	A. L. Perkins	*Assistant Matron*
,,	P. Jowett	*Assistant Matron*
,,	M. Lloyd	*Assistant Matron*
,,	B. Rix	*Assistant Matron*
,,	T. Wright	*Assistant Matron*

Home Sisters

Sister	E. Grimwood	*Senior Home Sister, Guy's*
,,	D. L. Smith	*Assistant Home Sister*
,,	G. Barnard	*Bramham Gardens*

School of Nursing

Sister	Marion Stockdale
,,	Thirza Swindells
,,	B. Warne
,,	J. Sawyer

Preliminary Training School

Sister	Audrey Lewin
,,	R. Butler
,,	J. Seabrook

Midwifery School

Sister	D. Jackson	*Midwifery Superintendent*
,,	J. McNiven	

Departmental Sisters

Sister	B. M. Randles	*Radiography Dept.*
,,	D. Chrimes	*Out Patient Dept.*
,,	E. P. Johnson	*Dental Dept.*
,,	M. Rusby	*Radiotherapy Dept.*
,,	J. Jarvis	*Surgery*
,,	M. Laws	*Theatre Superintendent*
,,	M. Wetherall	*Office Sister*
,,	B. Stevenson	*Victoria*
,,	B. A. White	*Administrative Sister*

Ward and Departmental Sisters

Sister	A. Falwasser	*Job*
,,	E. Marvin	*Nurses' Sick Bay*
,,	L. Puddifoot	*Night Sister, Nuffield*
,,	P. Smythe	*Christopher*
,,	D. Tart	*Nuffield House, B*
,,	M. Ellick	*Out Patient Dept.*
,,	M. Calvert	*Nuffield Theatres*
Sister	P. Asquith	*Addison*
,,	M. S. Griffith	*Nuffield House, C*
,,	M. Relihan	*Barnabas*
,,	B. M. White	*Miriam and John*
,,	J. Russell	*Patience and Samaritan*
,,	M. Walker	*Queen*
,,	J. Bennett	*Medical Night Sister*
,,	A. Crump	*Diplock*
,,	M. Day	*Sarah Swift*
,,	O. A. Harland	*School of Nursing*
,,	J. Brotton	*Lydia*
,,	E. Barton	*Ruth*
,,	H. Knight	*Bright*
,,	P. Tobin	*Nuffield A*
,,	M. Hilton	*Dorcas*
,,	M. Watson	*William Gull*
,,	H. Smith	*Wilks*
,,	M. Hodgson	*Luke*
,,	A. Caunce	*York Clinic*
,,	E. Everitt	*York Clinic*
,,	L. Bishop	*Victoria*
,,	H. Young	*Bright*
,,	M. Power	*Astley Cooper*
,,	K. Marshall	*Nuffield D*
,,	U. Till	*Recovery Ward*
,,	M. Ringer	*Theatres*
,,	E. Cauwood	*Theatres*
,,	J. E. Ling	*Theatres*
,,	B. Ford	*Theatres*
,,	A. Moss	*York Clinic*
,,	S. Sneary	*Surgical, Night Sister*
,,	M. C. Johnson	*Mary*
,,	A. Quinn	*York Clinic*
,,	D. Mitchell	*School of Nursing*
,,	M. Williams	*Victoria*
,,	M. E. Wood	*Victoria*
,,	S. Broomfield	*Theatres*

GUY'S UNIT. NEW CROSS HOSPITAL

Sister	F. Carter	*Assistant Matron*
,,	R. Thirlaway	*Home Sister*

Wards and Departments

Sister	J. Bywater	*4b E.N.T. Surg.*
,,	E. Callis	*5b Orthop. Gynae.*
,,	G. Herbert	*Night Duty*
,,	J. Shepherd	*3b Female Orthop.*
,,	J. Andrews	*Theatres*
,,	J. Purvis	*3a Male Orthop.*
,,	D. Hollinghurst	*5a Male Surg.*
,,	C. Grant	*Night Duty*

EVELINA HOSPITAL ADMINISTRATIVE STAFF

Sister	M. Duncombe	*Lady Superintendent of Nurses*
,,	S. Dodson	*Home Sister*
,,	K. Kershaw	*Sister Tutor*

Evelina Hospital Wards and Departments

Sister	M. Neeve	*Surgical I*
,,	R. P. Galbraith	*Gladstone*
,,	A. Abbott	*Charlotte*
,,	R. M. Knights	*Night Duty*
,,	M. Colthorpe	*Evelina*
,,	M. Boswell	*Theatres*
,,	J. Erskine	*Out Patient Dept.*
,,	E. Foelmer	*Rothschild*

NURSING NEWS

The following Nurses have passed the Final State Examination held in October 1959 :—

Airey, M. E.	Conway, J. M.
Alford, C. I.	Cooper, M. L.
Andrew, D. J.	Dams, D. M.
Ballamy, M. J.	Duckett, M.
Brooks, K. M.	Edwards, J. M.
Buckingham, S. M.	Farrington, D.
Buckland, V. A.	Gooch, M.
Canfield, M. L.	Goodliffe, D.
Clement, A. D.	Grant, A. W.
Coles, D. E.	Hall, R. C.

Halliday, H. E.
Hanlon, M. E.
Harloe, H. M.
Hodgkinson, M. J.
Hurn, A. G.
Jackson, S. M.
Jones, A. W.
Kendall, P. D.
Kenny, P. H.
Lawrie, J. F.
Levine, S.
Lewis, A. E.
Littlebury, A.
McClymont, A.
MacDonald, S. M.
Marrat, N. R.
Matthews, W.
Mellis, N. K.
Mitchell, G. M.
Nayrac, F. C.
Oates, D. M.
Pitt, J. E.
Pocock, P. E.
Potts, D. M.
St. John, J. E.
Sampson, S.
Sceeny, M. P.
Shepley, N. S.
Simpson, J. M.
Slight, J. M.
Sparkes, D. A.
Spurrell, C. A.
Standley, M. C.
Stratford, J. M.
Thomas, T. E.
Thomson G. M.
Tyack, B. H.
Ward, J. V.
Watson, J.
Webster, M. Y.
West, S. A.
White, M.
Wilson, T. P.
Wyatt, G. A.
Sutton, I.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 4s. 3 lines 10s. 6d. Box Numbers 9d. extra.

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PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Blaikley, J. B. Psychogenic Menorrhagia (Discussion on Psychomatic Gynaecology). *J. Obstet. Gynaec. Brit. Emp.*, 1959, **66**, 786.

Buckle, A. E. R. Methotrexate in Treatment of Metastasizing Chorioncarcinoma. *Brit. med. J.*, 1959, ii, 1210.

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Fry, John. Why Patients go to Hospital. A Study of Usage. *Brit. med. J.*, 1959, ii, 1322.

Joseph, J. and Wendell-Smith, C. P. Nuclear Population Changes in Degenerating Non-Myelinated Nerves. *J. Anat.*, 1959, **93**, 460.

Joiner, C. L. and Pearson, J. D. Studies with Insulin Labelled with Iodine 131. *J. Radiol.*, 1959, **32**, 657.

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J. Luder. Kwashiorkor. *Med. Pr.*, 1959, **242**, 494.

Mill, W. A. Cancer of the Larynx. *Practitioner*, 1959, **183**, 718.

Ogilvie, Sir Heneage. Ankinoia. *Practitioner*, 1959, **183**, 737.

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Smith, M. E. N. A Case of Nasal Haemangioma with Unusual Features. *J. Laryng.*, 1959, **73**, 621.

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Vale, W. A. Cavity Preparation and Further Thoughts on High Speed. *Brit. dent. J.*, 1959, **107**, 333.

CHANGES OF ADDRESS

Maureen P. Aaseby (née Whaley), 6017, Jefferson Avenue, Newport News, Virginia, U.S.A.

June E. Brett, F.F.A.R.C.S., c/o Dept, of Anaesthesiology, Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania, U.S.A.

K. G. B. Pritchard, L.D.S.R.C.S., 91 (not 84), Robin Hood Lane, Kingston Vale, London, S.W.15. (KIN 5083).

BIRTHS

NOBLE.—On 2nd December, 1959, at 2, Woodside, Barnard Castle, to Wendy (née Bayliss), S.R.N., and John Noble, A.C.A., a daughter (Helen Jane).

SIMMONS.—On 24th November, 1959, to Jean (née Silverblatt), and Ronald E. Simmons, L.D.S., a brother (Lawrence Anthony), for Sarah Lynn.

WINDOW.—On 12th November, 1959, to Jennifer (née Goodliffe), and John Window, a son (Mark McEwen).

MARRIAGES

AASEBY—WHALEY.—On 17th October, 1959, at St. Mark's Episcopal Church, Richmond, Virginia, U.S.A., Ernest Ardell Aaseby, to Maureen Rosalind Whaley, S.R.N., S.C.M., R.N.

CAULFIELD—DIAMOND.—On 14th November, 1959, at St. Mary's R.C. Church, Holly Place, Hampstead, N.W.3, James T. Caulfield to Margaret F. (Madge) Diamond, S.R.N.

JONES—HOLLIDAY.—On 21st November, 1959, at Cross Bank Methodist Church, Yorks., Ieuan Jones, M.B., B.S., to Joan Holliday, S.R.N.

DEATHS

BISHOP.—On 5th October, 1959, Michael Henry Hamilton Bishop, M.B., B.Ch., of 42, Full Street, Derby.

CHIPPINDALE.—On 30th October, 1959, Frederick William Chippindale, M.B., B.S., at St. Bartholomew's Hospital, E.C.2, aged 55 years. 11, Woodstock Gardens, Melksham, Wilts.

EDS. { J.A.W. D.N.L.